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May 7, 1994

PSNC unveil strategy for the future ...

... and ready to settle for '94-95

Update: Care in the Community and rosacea

Taking stock to change course

Unichem launch P-line discounts and new logo



Haircare: will 2-in-1 still go?

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Comment

United Drug extend OTC service

Wally Dove is number two

Numark wholesaler goes for growth

Gordon Bullous is the new NPA chairman

So PSNC has settled for 2.3 per cent: more than the Department's opening offer of 2 per cent and less than the 3 per cent awarded to doctors, dentists and nurses following the recommendation by their review bodies. Given the intransigence of the Department of Health in recent years, PSNC might consider that, with a touch of brinkmanship, they have done well to squeeze even an extra 0.3 per cent out of the Treasury. Both parties, however, must be congratulated on the novelty of reaching agreement so quickly. Contractors will actually be able to make accurate NHS cashflow forecasts by mid-Summer, and the post-Christmas hiccup in income will be avoided.

Regrettably, there is a downside to the settlement. Having built up an expectation of major changes in the method of remuneration for 1995-96 the Department is now backtracking on its intention to devolve a substantial part of the global sum to FHSAs to pay for locally negotiated services. Instead of the 20 per cent mooted last year, DoH Under Secretary Melvyn Jeremiah is talking in terms of 3 per cent. Ministers have at last realised that FHSAs will be in no position to take on extra administrative burdens when they themselves will be in the throes of re-organisation into unitary authorities.

This comes at a time when persistent Government

pressure for change within the profession is bearing fruit. Trying to put the process on hold at this stage will do nothing to boost contractor confidence after two years when morale has hit rock bottom. Contractors have frequently berated PSNC for not getting its act together. The same criticisms might equally be directed at the Department of Health. There is a whiff of political uncertainty in the air: major changes in the development of community pharmacy services may be delayed until after a general election.

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Business News

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Some officials at the Department are questioning the direction that reforms are taking, and even wonder whether ministers really have a clear view of what they want from pharmacists. Mr Jeremiah does nothing to allay such concerns when he says the Department tends to focus on the year ahead and does not have a timetable in mind. Is there no continuity of purpose at the DoH which can survive the all-too-regular change of political masters? PSNC's document "Pharmacy 2000", while strong on "strategy" and weaker on practicalities, could have arrived at a key time. With a firm agenda PSNC is in a position to wrest the initiative from the Department in the way Scottish negotiators have managed to do in recent years. It will certainly provide the new-look Committee with an opportunity to make its mark.

PSNC launches strategy for Pharmacy 2000



The Pharmaceutical Services Negotiating Committee published consultative document containing its strategy to guide the profession towards the year 2000.

The 17-page document, entitled "Pharmacy 2000", discusses the views of the profession, the Department of Health and the Government, and outlines factors which will influence PSNC strategy in the future.

Sections are devoted to the future identity and role of community pharmacy, how to bring about the transformations and how to prepare for the negotiations beyond 1995-96. It finishes with a list of 16 recommendations which are summarised below.

The document is receiving wide circulation within the profession and has been sent to the Department of Health. PSNC is inviting comments from interested parties.

"The process of change will take time and PSNC needs to adapt in order to prepare pharmacy contractors, 'service providers', for what will be a changing future role," the document explains.

The purpose of this document is to divorce strategy from remuneration and to assist PSNC to arrive at a service specification compatible with the changes within the NHS, professionally acceptable to the service providers, and one which will take contractors into the next

The document continues: "It will be for the PSNC negotiators to reach agreement regarding payment for the services without being constrained by current remuneration conventions. This does not mean that all the current remuneration elements will disappear, but that elements will need to be adapted to reflect and support the professional strategy.

The Committee acknowledges that any change beneficial to the majority is likely to carry with it disadvantages for a minority.

Growth of funds

The document says that a primary task for PSNC will be to promote growth in the funding for pharmacy services by arguing for the use of development funds to promote extended services. The establishment of purchasing agencies, with more flexible funding, must be seen as an opportunity to generate money for pharmacy from areas outside traditional budgets, says PSNC.

Other areas in the report see PSNC's support for retaining pharmaceutical supervision of dispensing and promoting the involvement of pharmacists with GPs to bring about cost-effective prescribing.

While the Government is prepared to give GPs financial incentives to encourage cost savings, the pharmacist's role should be used to argue for similar incentives, says PSNC.

A large proportion of the report deals with the negotiating stance remuneration, the professional prescription non-core payments, local budgets and access to services.

As long as the global sum remains the basis for pharmacy payment, the level of the professional fee will depend upon the amount of the global sum transferred to the professional allowance and/or diverted towards other elements of the remuneration system.

'Ultimately if there is too great transfer towards professional allowance or to other non-volume-related payment elements there will be little incentive for contractors to dispense more than qualifying threshold level for prescriptions," says the report.
"Therein lies both the dilemma

and the principle argument for patient-based payments whether by registration with pharmacies or by capitation payments for identifiable groups of patients or, perhaps, by substantial increase in the professional allowance justified by increased patient services and supported by an controlled, distribution system."

Doctor dispensing

On the question of doctor dispensing, PSNC says it does not hold with the argument that the complete abolition of this system is impossible.

"In view of the commitment of the profession as regards the provision of a 24-hour service, it is a very small step to give an undertaking to patients that their pharmaceutical needs will be met irrespective of where they live. After all, if the GP can get to the patient, so can the pharmacist."

A legislative solution is not ruled out, and the report highlights moves in Switzerland where dispensing by doctors is being outlawed in some Cantons.

"PSNC has indicated to the Secretary of State that there are no longer any areas within England and Wales where further dispensing from doctors' surgeries is necessary and has called for a complete standstill on further applications for general practitioners.

Pharmacy 2000: report summary

1. Overall, the strategic objective of PSNC should acknowledge the change in emphasis within the negotiations from a script volume-related service to one based pharmaceutical patient care.

2. Strategy for community pharmacy should be centred setting service specifications pharmacy for contractors and not be bound by current pay conventions.

3. Strategy should aim to provide a cost-effective service for Government, health gain for the patient and prove the "added value" of the pharmacist.
4. LPCs and contractors should

look outside the pharmaceutical services' budgets for additional sources of remuneration and PSNC should arrange to support LPCs to this end.

5. A legislative solution to the dispensing GP should be pursued. 6. Quality service indicators should be given priority and be seen to be effective.

On-going, suitably funded, postgraduate training should be a requirement for all community pharmacists, as well as refresher courses for those returning to community practice.

8. Patient-based payment systems should be examined including patient registrationcapitation-based systems for special needs patients.

9. Involvement of the pharmacist in therapeutic decisions should be promoted, possibly initially in conjunction with patient referral forms, but ultimately by closer professional contact with GPs.

10. PSNC should examine arrangements for local negotiating structures.

The distribution pharmaceutical services should be taken into account when considering service provision with commissioners.

12. PSNC should seek to separate the payment for provision of the pharmaceutical services from the

financing of the drugs bill. 13. The Pharmacy Review Pa<mark>nel</mark> should be retained.

14. Negotiations at both local and national level should conducted in a spirit co-operation, rather than in an adversarial manner.

15. The overall arrangements should result in adequately remunerated NHS pharmacy services to facilitate a vibrant and developing community'

pharmacy sector. 16. PSNC sho

should consider making a formal presentation for the DoH on how the contract should be developed within the new NHS setting to make the best use of the pharmacist and to get the best outcomes for patients.

PSNC settles for 2.3pc

Contractors in England and Wales will receive a 2.3 per cent increase in the global sum for 1994-95. A revised fee structure should be in place by August 1 backdated to April.

The 1994-95 settlement is 0.3 per cent higher than the 2 per cent offer made by the Department of Health in March and which was rejected by the Pharmaceutical Services Negotiating Committee (C&D March 19, p452). The higher figure, however, was accepted by a "very substantial majority".

PSNC chairman David Sharpe was told late on Wednesday by Health Secretary Virginia Bottomley that the Department was prepared to settle at 2.3 per cent, which adds £1.8 million to the initial offer of £653.4m.

Mr Sharpe, who is up for re-election next week at the first meeting of the newly-elected Committee, says the settlement is "equitable in the circumstances". It is also one of the fastest on record in recent years.

The outgoing PSNC took the position that it was responsible

Emergency formulary gets going

An emergency formulary set up by mid-Glamorgan contractors seems to be working well.

The formulary is a list of medicines that pharmacists have agreed to stock and doctors have agreed to keep to, where possible, when prescribing out-of-hours. It aims to make life easier for patients who need urgent prescriptions dispensed when pharmacies are closed.

Peter Jenkins, mid-Glamorgan Local Pharmaceutical Committee chairman, told *C&D* that problems used to arise when locum or deputising service doctors prescribed, out-of-hours, branded products that were not commonly stocked by local pharmacies.

The LPC obtained a list from the pricing bureau of all urgent prescriptions dispensed over the previous 18 months, then decided with the local medical committee on a basic list of the most commonly needed medicines, such as analgesics and antibiotics.

The resulting formulary includes about 35 generic products. Brand names were avoided for convenience rather than to save money. The list is not inflexible, and doctors are still free to prescribe other drugs if there are good modified presents.

there are good medical reasons.
About 30 of the 140 county pharmacies are involved.

for closing this year's pay round. The new Committee will settle the level of dispensing fees, the professional allowance and non-core fees.

The Department has indicated that it sees this year as an interim period in a move towards fundamental revisions in the remuneration structure. The present two-tier fee, professional allowance and mark-time payments are therefore likely to continue.

PSNC may have been persuaded to accept the 2.3 per

cent offer after indications there would have been an imposition at 2 per cent had they not reached agreement.

Since the rejection of last year's offer "cost" contractors £1.3m, and any settlement uses the existing global sum as the basis for calculating any increase, pharmacists would have been penalised two years in a row.

David Sharpe understands that the transitional payment period for pharmacists dispensing between 1,000 and 1,500 scripts, due to end in 1995, will continue.

DoH backtracking on move to local budgets?

Department of Health plans to channel a substantial part of pharmacists' remuneration through local agencies such as FHSAs in 1995-96 have been scaled down, it became clear this week.

There is an acceptance among ministers that agencies are not yet ready to handle the extra work this might bring. Department Under Secretary Melvyn Jeremiah says: "We are running out of time."

The Department will press ahead with its devolutionary plans next year, but "with a much briefer menu of action", he says. "Maybe 3 per cent" of the global sum will devolve to local authorities in 1995, with more the following year.

This contrasts with DoH statements last year which suggested up to 20 per cent of the global sum might be paid through FHSAs for locally negotiated services.

There is a a question of how much FHSAs can handle when they themselves are undergoing reorganisation. The move to unitary authorities — the merger of FHSAs and health authorities into health commissions — is due to gather pace next year at the same time that local budgets were due to be introduced.

Mr Jeremiah says those areas that are initially put over to local management "will have substance but will not bring major increases in work for FHSAs". They will be introduced on a national basis, he confirmed.

However, Mr Jeremiah could not give an indication of how long the full devolutionary process would take. "We tend to focus on the year ahead. We do not have a timetable in mind."

PSNC chairman David Sharpe understands it is still the Department's intention in the long term to move to local budgets. He is aware that strategy documents on the seven areas in which the Government is looking to extend pharmacy services have been circulated within the Department.

However, the fact that nothing has been passed to PSNC for comment may be an indication of the uncertainty that currently surrounds the Government's future intentions for developing pharmaceutical services.

Warfarin 5mg withdrawal

Boehringer Ingelheim have received a report from a community pharmacist that one pack of Warfarin 5mg tablets contained 1mg brown tablets rather than the pink 5mg tablets.

The company says this is thought to be an isolated incident, but in the interests of patient safety they have initiated a recall procedure for the affected batch of 5mg tablets.

Details of the batch are as follows: Warfarin tablets 5mg. Batch number 39670. Pack size 100. Expiry date September 1998. First distributed January 11, 1994.

Pharmacists are requested to withdraw the affected batch from stock and return for credit to your wholesaler. Boehringer Ingelheim Ltd. Tel: 0344 424600.

GPs oppose generic swaps by pharmacists

The majority of GPs believe that patients would suffer if pharmacists were given the responsibility for generic substitution without GPs' consent, according to a survey in the May issue of the BMA News Review.

The magazine questioned 100 GPs and found that four out of five thought that GPs should have the ultimate power to decide which drugs are suitable for generic substitution — in line with the BMA GP Committee.

Fewer than two-thirds of those asked said patient compliance would drop if pharmacists were given the power to swap brands without GP consent.

Reader's Digest promotes OTC medicines

Following the success of the first over-the-counter feature in December last year, the May issue of *Reader's Digest* has a self-medication healthcare feature. Over 7,000 pharmacies will be sent a copy and a survey will check their reaction.

The 29-pages contain a feature on self-medication written by agony aunt Claire Rayner, who points out that pharmacists are highly-trained professionals with a wealth of knowledge.

"We truly don't need doctors for many of our health problems although knowing when it is safe to treat yourself is a vital skill," she says.

Advertisers include the National Pharmaceutical Association, Unichem, Centra Healthcare, who have taken a four-page advertorial for Pepcid AC, and Reckitt & Colman.

Research has shown that a doctor could save as many as 16 consultations a day if patients sought OTC help in the first place for minor ailments.

A recent subscriber survey shows that 57 per cent rated pharmacies as an important source of medical advice and 76 per cent were either very or quite satisfied with the advice given.

Hayfever Week

May 9-15 is the British Allergy Foundation's Hayfever Week and a survey just released shows that almost 80 per cent of sufferers feel unhappy, miserable, depressed, irritated or listless as a result of their affliction.

A Gallup survey for Beconase Hayfever, found that two in five sufferers find their work is affected, mainly due to irritability and difficulty in concentrating. Almost one in ten took time off.

Despite all the suffering, almost a third of those asked did not treat their hayfever. Of those who did, almost half were not always satisfied with medication.

NPA acts over Boots' Medilink launch

of Boots' publicity campaign to accompany the launch of their nationwide Medilink patient medication records (PMR) scheme (C&D last week, p713) reached Board members during their April meeting. They were angry that Boots' Press release encouraged members of the public to believe that PMRs were new and exclusive to Boots.

The Board decided to issue an NPA press release to radio, television, national and local newspapers, pointing out that the quality of service available in Boots was matched by many NPA members, who offered a full PMR service. Some had been doing so for years. An acrylic stand poster be produced would and distributed with the May Supplement for members to display to promote their own PMR service.

Product advertising. Board members decided that they should write to the Advertising

Standards Authority to protest at the misleading nature of a recent Boots' advertising campaign. A similar approach to the ASA had already been made by the RPSGB. The NPA feels that, by advertising that recently de-regulated drugs such as famotidine and acyclovir cream were now available "over the pharmacy counter at Boots", Boots were implying that Pepcid AC and Zovirax were available only from Boots, which is certainly not the case.

Temazepam's change of status. In view of the predicted change of temazepam to full Controlled Drug status, the Board decided to write to the Home Office. While supporting any move aimed at reducing temazepam misuse, members felt that Home Office officials and ministers should be aware of the likely costs of the community change to These pharmacists. would include the purchase additional or larger CD cabinet and, indirectly, the time spent

incomplete prescriptions.

Profit margins. The Board was concerned that NPA members might be unaware that some manufacturers are reducing pharmacists' profit margins on OTC medicines. These margins are becoming steadily more important to the "typical" pharmacy business, as the profit on NHS dispensing declines.

Gross margin is not the only factor which affects profitability, but it is a very important one and is frequently beyond the control of the pharmacist.

Pharmatax. The Board is reminding members that, to take advantage of the Pharmatax insurance cover against in-depth tax investigations, which is included as part of NPA membership, they must inform the office at Mallinson House immediately they or their accountant receive an IR72 form from the Inland Revenue or any other indication that an in-depth investigation might be under wav.

Flu vaccine supplies. Following the difficulties experienced in trying to achieve a satisfactory distribution of flu vaccine during last Autumn's epidemic, the Board decided to write to the Department of Health again outlining the inherent problems associated with current distribution arrangements. At the same time, it would highlight the considerable and unnecessary of inappropriate expense vaccinations.

Cost of the EGM. Following an inquiry from Wally England), (Southern NPA director Tim Astill reported to the Board that the Extraordinary General Meeting of the NPA held at the Royal Pharmaceutical Society on February 20, and the postal vote held subsequently, cost £5,256, not including staff time on the day.

'Doublecheck' targets repeated heartburn

Pharmacists who have expressed anxiety about the over-thecounter availability H₂-antagonists cimetidine and famotidine, may derive some comfort from a new pharmacy campaign urging people to consult their GP if they suffer with persistent heartburn.

The "Doublecheck" initiative, sponsored by Astra Pharmaceuticals is aimed at the frequent sufferer who wishes to purchase additional H2-antagonists, despite the manufacturer's advice to limit treatment to two weeks.

The "Doublecheck" campaign is supplying pharmacists with free posters, reminder stickers and patient advice leaflets, from Astra on 0923 266191.

Benn OTC and beauty reports

"Self medication is an idea whose time has come" is the take-home message from the Benn OTC Healthcare Report 1994 from Benn, the publishers of Chemist & Druggist.

This 432-page report takes a comprehensive look at the UK over-the-counter medicines market before placing it in its European perspective.

As well as a sector by sector breakdown, it looks at the major OTC suppliers, retailers, distributors, and provides an insight into the market in the year 2000.

Also available is the Benn Beauty & Personal Care Products Report 1994 which investigates the impact of own-label and marketing strategies.

The 347-page report also focuses on each product category, manufacturers and distribution.

Orders (£375 each), through Louise on 0732 364422 ext 2621.



Judgment postponed after woodlice found in cough medicine A Society inspector "raided" paper covering the shelf had

pharmacist Jagdish Patel when she was told he had dispensed a bottle of cough medicine for a baby girl which contained an added ingredient — woodlice.

And she was "disgusted" when she found piles of mouse droppings in his storeroom, filthy medicine bottles and other health risks, the Royal Pharmaceutical Society Statutory Committee was told last week.

Mr Josselyn Hill, solicitor to the Society, told the Committee: "The pharmacy was in a hazardous and disgraceful state — it was absolute chaos." He added the Society's senior inspector, Miss Janet Edginton, and colleagues, had demanded improvements of Mr Patel's pharmacy in Elmhurst Road, Aylesbury, Bucks, on no less than six occasions between 1991 and

The last straw came after a complaint by "Mr and Mrs H", who found three dead woodlice in a bottle of cough linctus they had obtained from Mr Patel for their six-month-old baby. As a result of this complaint and previous concerns, Miss Edginton made an unannounced visit to Mr Patel's pharmacy in early 1993.

Apart from "clutter and tablets lying on the floor and shelves", she found "piles of rodent droppings on a shelf". Brown apparently been nibbled away.

Mr Patel of St Michael's Close, Aylesbury, and his company, JMK Chemist's Ltd, were prosecuted after the "insects in a bottle' incident and were fined a total of £1,500 by Aylesbury Magistrates on September 2, 1993, for an offence under the 1968 Health

Mr Patel told the Committee he was "shocked" when Miss Edginton showed him the dead insects. Following her discovery of the mouse droppings, he had put down traps but had failed to catch any rodents and could only assume they had got into the pharmacy during building work.

The Committee decided to postpone judgment on Mr Patel for one year so that reports could be drawn up on his practice, following visits by Society inspectors, although chairman Mr Gary Flather warned him: "Let it be known that we are not ruling out a striking off."

He hoped Society inspectors would make unannounced visits to Mr Patel's pharmacy during the year of postponement and would report back when the Committee met again to decide on any further action.

The Committee would also expect Mr Patel to provide evidence that there had been no further lapses in his standards.

N. Ireland Notebook

Keeping up to date through CE?

I was unable to attend any of the continuing education meetings this year. I normally do my duty and attend at least one, but pressure of work, the inclement weather and a choice of topics that was less than appetising, conspired to keep me home. I wonder how attendance at such meetings contributes to improving overall standards of practice as I often leave meetings wondering why I attended. Some topics are not so relevant to my dav-to-dav practice, others appear relevant only to a minority.

I am, as most pharmacists are, satisfied at my generally competence to perform my role, but others seem to disagree. The "News at Ten" report on the sale of Zovirax Cold Care Cream from pharmacies is only the latest in a series of unfair criticisms of our professional performance. Closer to home, a study from the Health Promotion Unit of the Eastern Health and Social Services Board into knowledge and attitudes of health professionals on infant feeding provided more evidence that we are not as knowledgeable as we might be.

The report did not overtly criticise the profession, but the results show that pharmacists had a similar knowledge score to GPs which was significantly less than health visitors, mid-wives and dietitians. We got the lowest score for attitude to the Board's policy on promoting breast feeding — I wonder why?

Only 43 per cent of replying pharmacists claimed they had read the guidelines on infant feeding even though these were sent to every pharmacy in 1991 after a similar survey identified us as the least knowledgeable of the professional groups. Since the 1991 report was critical of our performance, I decided not to complete the 1993 survey. It is a pity that those who did reply in 1993 didn't ensure that they had read the guidelines beforehand as they have provided evidence that may eventually be used to our detriment.

I know that so much reading material comes to the shop it is impossible to read it all, but we must be selective by scanning magazines and circulars. By doing this and using the excellent distance learning material now available, dare I say I will no longer need to ease my conscience by attending continuing education meetings.

Written by a practising Northern Ireland community pharmacist.



Medilink – data protection risk?

One of the most explosive developments of the last decade has been the advances made in computer technology. No longer the preserve of the financially and intellectually superior, extremely powerful machines enable the computer competent to obtain access to information on a scale undreamed of when I was taught, those many years ago, the laborious process of library searches.

In the right hands amazing advantages accrue, but with the ability to network and access data banks on a worldwide basis there are also immense dangers, not least of which is confidentiality. However carefully any system is designed, once data is networked then it becomes increasingly freely available, with the likelihood of exploitation rising exponentially with the increase in personnel authorised to access that information. It very rapidly reaches the point where security codes are merely a sop to allay the fears of what, in truth, is public domain data availability.

Just such a situation will exist with Boots' patient

medication system now that this has been networked across their 1,123 pharmacies (*C&D* April 30, p713). The only safeguard appears to be the required production of an identifying registration number, but this is surely no protection against even the most incompetent or amateur. There may be little or no real protection.

I can see little advantage to the system other than for those few patients who might wish to access their records when in a town distant from their home. On the other hand, the risks of a breakdown in record confidentiality must far outweigh this questionable professional advantage. If Boots were really concerned about universal pharmaceutical availability of patient medication records, then they would be using their considerable muscle to press for implementation of patient-held smart cards but this, of course, would provide them with no commercial advantage!

No, I suspect this is another ploy by Boots in their campaign to increase NHS dispensing at the expense of their competitors safe in the knowledge that the scheme will generate a lot of publicity, but without any evidence of real patient benefit.

Almay — a cosmetic change?

As befits a traditionalist, I have always sold a reasonable range of cosmetics, but over the years the ranges have consolidated with an increasing emphasis on pharmacy-only products like Vichy and specialist hypo-allergenic formulations like Roc and Almay.

I have stocked Almay ever since its introduction and for many years it sold extremely well, but then with a change of ownership there followed a steady decline as the range stagnated. Dotty was all for cutting our losses last year, but we still have some loyal stalwarts and with another

At last the re-launch has been announced (C&D April 30, p722) and just in the nick of time. But having read the details, I suspect that I am merely seeing just another consolidation and re-packaging exercise when what is really needed is innovation. With their acknowledged cosmetic expertise I had anticipated a more dynamic approach from Revlon, but I will reserve judgment for six months. The £1.5 million of advertising support is badly needed and will, I hope, disprove my intuitive misgivings.

Alternative reading ...

Last week it was audio, this week it is one of those freebies I reputedly rarely read. At risk of boring my readers, I will once again present my personal view because the subject of this freebie launch — "Essence" from Benn — is alternative medicines. A subject close to my heart and one for years neglected by mainstream community pharmacy.

I have always sold

I have always sold alternative medicines and dietary supplements, but sometimes it has been an uphill struggle to do so objectively against the mass of hearsay promotion of wonder cures and treatments that regularly appears in the popular Press.

At last in "Essence" we have a magazine that aims to put alternative medicines on a similar scientific reporting level to their allopathic counterparts and help dispel some of the myths and falsehoods surrounding these claims.

In the first issue, as well as many excellent general articles, supportive clinical evidence was published for the use of borage oil in alleviation of symptoms of arthritis, the antiseptic properties of tea-tree oil were reviewed and the latest fashionable supplements and antioxidants thoroughly investigated.

I look forward to building up a library of knowledge with which to satisfy the insatiable consumer appetite for sound advice.

Scriptspecials

New generation loop diuretic

Torem (torasemide) is a new generation loop diuretic from Boehringer Mannheim UK. It is indicated for the treatment of oedema due to congestive heart failure or to hepatic, pulmonary or renal origin, and for essential hypertension (at a low subdiuretic dose). Torem is available as both tablet (2.5mg, 5mg, 10mg) and injection (10mg/2ml, 20mg/4ml).

Torasemide is a loop diuretic with dose-response characteristics similar to frusemide but has a longer duration of action, similar to that of the thiazide diuretics. In congestive heart failure, Torem is said to produce a gentle initial diuresis but, due to its 12-hour action, it is as effective as frusemide. In clinical trials Torem was found to have no

clinically significant effects on potassium, magnesium, uric acid, glucose or lipids.

The recommended dosage for adults (including the elderly) with essential hypertension is 2.5mg to 5mg once daily. In oedema the daily dose is 5mg increasing stepwise to 20mg once daily. Torem injection can be given intravenously to relieve oedema due to congestive heart failure and oedema of hepatic origin at a starting dose of 10mg/day (iv) which can be increased up to 20mg daily. The maximum recommended dose is 40mg/day. In cases of oedema of renal origin the starting dose is 20mg daily (iv) up to a maximum of 200mg torasemide daily.

When torasemide is used simultaneously with cardiac

glycosides, a potassium and/or magnesium deficiency may increase the sensitivity of the cardiac muscle to such drugs. The kaliuretic effect of mineraloand glucocorticoids and laxatives may also be increased.

Torasemide, especially at high doses, may potentiate the toxicity of aminoglycoside antibiotics, cisplatin, the nephrotoxic effect of cephalosporins, and the cardioand neurotoxic effects of lithium. The action of the phylline can be potentiated. In patients receiving high doses of salicylates, salicylate toxicity may be increased. The action of antidiabetic drugs may be reduced. Sequential or combined treatment, or starting a new comedication with an ACEinhibitor may cause transient

hypotension. Non-steroidal antiinflammatory drugs and probenecid may reduce the effect of torasemide.

Torem is contraindicated in renal failure with anuria, pre-coma and coma, hypotension, pregnancy and breast-feeding and also in hypersensitivity to torasemide and sulphonylureas.

Patients on long-term treatment require monitoring of electrolyte balance, glucose, uric acid, creatinine and blood lipids, as well those with a tendency to gout or diabetes mellitus.

Torem tablets are available in three strengths: 2.5mg (28 £4.25), 5mg (28 £6.23) and 10mg (28 £9.16). Torem ampoules are available in two sizes: 10mg (5 × 2ml £2.00) and 20mg (5 × 2ml £3.71).

Boehringer Mannheim UK. Tel: 0506 412512.

PSNC news

PSNC says Pulmozyme by Gentech/Roche has been granted zero discount status by the Department of Health with effect from April 1. Zero discount will not be automatically applied and therefore pharmacists are reminded to endorse prescriptions "ZD".

Clear Peel

Clear Peel is a new ostomy adhesive remover (50ml £2.10). A few drops facilitate removal of all commonly used stoma pouches and flanges and help reduce any adhesive residue remaining on the skin. Clear Peel is prescribable and may be dispensed by any ostomy supplier, but only pharmacy contractors may claim reimbursement. The product will be promoted to all UK stoma nurses from mid-May. CliniMed Ltd. Tel: 0628 850100.

Quinoderm with HC

Quinoderm say they have ceased to supply Quinoderm cream with hydrocortisone 1 per cent following notification from the Advisory Committee on NHS Drugs that the product was to be blacklisted. It remains fully prescribable on NHS prescription until the actual date of blacklisting, which may be in August. The remaining products in the Quinoderm anti-acne range remain fully available on NHS prescription. Quinoderm Ltd. Tel: 061-624

Cognex for France

L'Agence du Medicament, the French drug agency, has authorised the marketing of Cognex (tacrine), the treatment for mild-to-moderate Alzheimer's disease. The drug will initially be used in hospitals which means the decision to prescribe will be taken by neurologists, psychiatrists and geriatricians. Tacrine is currently under assessment. Parke-Davis Research Laboratories. Tel: 0703 620500.

Roche data sheets

The data sheet for Lariam has been amended to include a new warning on cross-resistance with halofantrine and a combined prophylaxis dose table for long and short stays. The "prophylactic use section of warnings now advises that "dizziness, a disturbed sense of balance or neuropsychiatric reactions have been reported during and for up to three weeks after use of Lariam. Changes are also impending for the Vasace data sheet as the 5mg strength tablet will be reduced in size in the near future. Roche Products Ltd. Tel: 0707 366000.

Micralax 100 × 5ml

Evans Medical will be discontinuing Micralax micro-enemas 100×5 ml packs once current stocks have been exhausted (anticipated date August, 1994). The 12×5 ml pack will remain available. Evans Medical Ltd. Tel: 0372 364000.

Alkeran available

The Wellcome Foundation say Alkeran Injection (melphalan 50mg plus solvent and diluent) is again available for supply. The Wellcome Foundation Ltd. Tel: 0270 583151.

BDA challenge

The British Diabetic Association is challenging insulin manufacturers to produce animal insulin cartridges for pen devices, which are not produced in the UK, but are available in Germany. At present only human insulin cartridges are available free on prescription in the UK and the BDA says some people would prefer to use animal insulin cartridges. The Association has now launched a petition campaign to build on its demands for animal insulins in cartridge form. British Diabetic Association. Telephone: 071-323 1531.

Testicular cancer

The Imperial Cancer Research Fund has produced a new leaflet, "A whole new ball game — how to check for testicular cancer containing information about prevention, causes and symptoms of testicular cancer as well as a clear step-by-step guide to testicular self-examination. Testicular cancer is the most common form of cancer in young men in the UK and the risk of developing it has doubled in the last 20 years. The leaflet is available by sending an SAE to "Testicular Cancer", Public Relations Department, ICRF, PO Box 123, Lincoln's Inn Fields, London WC2A 3PX.

New Bayer wallchart

A new wallchart on urinalysis testing is now available to all healthcare professionals from Bayer Diagnostics. The wallchart contains information on how to undertake correct testing of urine samples with urinalysis strips, tips on correct handling and storage and a table which gives the user the clinical significance of results and their relationship to different disease areas. Bayer Diagnostics UK Ltd. Tel: 0256 29181.

Medical Matters

NSAIDs and bleeding ulcers

Many episodes of peptic ulcer bleeding could be prevented by only using non-steroidal antiinflammatory drugs (NSAIDs) in patients who do not respond to other analgesics, selecting the least toxic NSAIDs and using the lowest possible doses, says a new report just published in *The Lancet*.

Using the NSAIDs with lowest risk could halve the number of drug-associated events, and using low doses could further reduce the number, claim the authors of the report.

Previous use of NSAIDs by 1,144 patients aged 60 and over admitted to hospital with peptic bleeding was compared with 1,126 hospital controls and 989 community controls. The use of non-aspirin NSAIDs of any type during the three months before admission was strongly associated with peptic ulcer bleeding.

The odds ratio for peptic ulcer bleeding were lowest for ibuprofen (2.0) and diclofenac (4.2), intermediate for indomethacin (11.3), naproxen (9.1) and piroxicam (13.7), and highest for azapropazone (31.5) and ketoprofen (23.7). The odds ratio for ulcer complications with the seven most commonly taken non-aspirin NSAIDs varied more than ten-fold.

million spe-

HERE'S A NEW WAY TO CLEAN UP

(AND SOAK UP EXTRA PROFITS TOO!)





After the successful launch of 2 in 1 bath and shower products, Palmolive are proud to announce a new cleansing bar with 30% Hydrocreme that gently cleans and moisturises your skin at the same time.

It sits easily in both facial beauty and body cleansing categories and brings a whole new set of consumers to this buoyant sector of the soap market.

And to make sure your customers hear all about the new Palmolive 2 in 1 cleansing bar, we are investing £4.4 million in a new TV launch campaign \underline{AND} sampling over 30% of all households in the country \underline{AND} we are offering special introductory pricing to allow you to take full advantage of the TV campaign which breaks on June 1st.

This puts our total commitment behind Palmolive 2 in 1 to over £9.3 million - now that really is big news!

1984. Intercare built the OTC hayfever market with the launch of Aller•eze.

1986. Intercare develops the market for "congested hayfever" with Aller•eze Plus.

1994. Intercare opens a whole new market with...



ALLER-EZE CLEAR COUNTER PRESCRIBING INFORMATION
PRESENTATION: White round tablet coded 'TFN 60' with a break line on the other side. Each tablet contains Terfenadine USP 60mg USES:
For the symptomatic relief of allergic rhinitis including hay fever and allergic skin disorders. RECOMMENDED DOSE: Adults and children over 12:
One tablet twice a day (or two tablets in the morning) Do not exceed the stated dose. CONTRA-INDICATIONS, WARNINGS: Concomitant administration with oral ketoconazole, itraconazole, erythromycin or drugs with arrhythmogenic potential. Patients with significant liver disease. Patients with a known hypersensitivity to terfenadine. PRECAUTIONS: Not recommended for use in pregnancy unless the doctor considers it essential. Caution in patients with impaired liver function, those receiving treatment with potent inhibitors of liver oxidation or conditions leading to OT interval prolongation. SIDE EFFECTS: Tests have shown that Aller-eze Clear antihistamine (terfenadine) does not cause drowsiness. It will

Aller-eze Clear

Aller-eze Clear

NON-DROWSY ANTIHISTAMINE TABLETS



Fast acting all day hayfever relief
Without drowsiness for a clear head

contains Terfenadine

For pollution-aggravated hayfever.

An important development - real growth for the hayfever market.

Today, there's more to hayfever than just pollen. Over the past 30 years, there's been a fourfold increase in the incidence of

hayfever, ¹ despite falling pollen counts and decreasing grassland areas.²

With more and more scientific evidence being assimilated, medical experts have no doubt about the link between air pollution and the increase in hayfever.³

Introducing new Aller • eze Clear - today's answer for today's hayfever.

Already, more and more people are noticing the aggravating effects of pollution increasing their allergic sensitivity. And, a growing number of people who didn't realise they had hayfever will soon identify their problem - through the biggest ever Aller-eze national TV campaign. This will stimulate real interest and consumer awareness, directing

this new category into your pharmacy and bringing you new sales.

Plus, there's further support from a panel of medical experts and massive PR coverage to highlight the allergy/pollution problem.

As the needs of sufferers are changing, Aller•eze Clear is specifically formulated with terfenadine so it won't cause drowsiness.

Its anti-inflammatory properties can help reduce the effects of air pollutants, low-level mucosal inflammation which is thought to increase sensitivity to allergens.⁴

Capitalise on this new opportunity.

Aller∙eze is synonymous with hayfever

relief to the consumer, so, this hayfever season, with great bonus deals on tried and trusted Aller•eze, Aller•eze Plus for "congested hayfever" and now new Aller•eze Clear for pollution aggravated hayfever, you'll be seeing your way clear to another profitable season.





oms es

eferences. 1. Fleming DM, Crownbie DJ, Prevalence of Asthma and Haylever in England and Wales BR Mid J 1987, 296, 279-83. 2. Varney V Jaylever in the United Aingdom. Clinical and Experimental Allergy 1991, 21. 757-762. 3. Data on file, Intercare Products. 4. Nabe M, et al. Jilingia and Experimental Allergy 2091, 18. 515-570.

Aller•eze

The biggest hayfever business opportunity in years.

INTERCARE

Intercare Products Limited, 7, The Business Centre, Molly Millars Lane, Wokingham, Berkshire RG11 2QZ



not normally affect the ability to drive or perform tasks requiring concentration. However, as with all drugs, care should be taken initially because there may be rare exceptions. May increase the sedative effect of alcohol. Most common side effects include: headaches, tummy upsets, increased appetite and sweating. These side effects are rarely serious and often disappear on their own. Medication should be discontinued and medical advice obtained if effects include: fainting and/or palpitations, unexpected swelling, tight chest or wheezing. OVERDOSAGE: It is important not to exceed the stated dose. In this eventuality, obtain prompt medical advice and for identification, take samples of the tablet and/or the leaflet. LEGAL CATEGORY: PRODUCT LICENCE NUMBER: PL 0530/0391 COST AND RETAIL PRICE: Packs of 10 tablets. Retail price £2.69 DISTRIBUTOR: Intercare Products Limited, Wokingham, Berks.

Counterpoints

Be an individual with Studio Line

Individuality is key for 90's kids, which is why L'Oreal have added Touch-in styling products to their Studio Line range.

Designed to create individual styles, the products use a new fixing formulation that dries gradually, giving you more time to style your hair. They can be used on wet or dry hair and are designed to style using the fingers.

There are three Touch-in products.

● Touch-in Mousse (200ml £2.99), ideal for styles that require volume and texture, it will give hold without heaviness and works best on damp hair.

• Touch-in Gel (150ml

£2.69) has a fluid, melting

texture, ideal for shorter



styles or for defining curls.

• Touch-in Spray (250ml £2.49) works well on medium or longer hair. It will fix hair without drying or leaving it sticky,

according to L'Oreal.

All the products are available at the special price of £1.99 until the end of July. L'Oreal. Tel: 071-937 5454.

Neutrogena push medicated range

Neutrogena's hypoallergenic skin care range for combination and spot-prone skins is being supported with a Press advertising.

Running for six months, the £350,000 campaign

will feature in women's magazines. The advertisements will highlight the brand's gentle, but effective proposition.

Neutrogena. Tel: 0494 474787.

In the holiday mood

The Imperial Leather Shower gel range has been extended with the addition of a Holiday variant.

Containing menthol to cool and aloe vera to soothe hot holiday skin, it will retail at the price of £1.59 (200ml).

The Imperial Leather Shower range will be supported by a £1.6 million television campaign and in-store promotions. Cussons UK. Tel: 061-7926111



Realities for everyone

Liz Claiborne's fragrance, Realities, is now available to retailers nationwide, following a successful launch through Selfridges last year.

It has top notes of osmanthus and bergamot; heart notes of jasmine, carnation and rose; and warm base notes of vanilla, sandalwood and peach.

Realities is available as: perfume (7.5ml £43); perfume spray (10ml £36.50); eau de toilette spray (50ml £26, 100ml £32.50); bath & shower gel (200ml £17); body lotion (200ml £21.50). Kenneth Green Associates. Tel; 0372 469222.

Imperial refills

Imperial Leather is the first branded shower gel to get a refill pack.

Available in Original and Silk variants, the refills will retail at £1.29 (200ml), but for the launch period will retail at £0.99. Cussons UK. Tel: 061-792 6111.

Plenitude triple action anti-ageing solution

The latest anti-ageing innovation from Plenitude is Excell-A' Skin Revealing Lotion, a triple action formulation which combines an AHA complex with vitamin E and melanin plus UV filters.

The AHA complex combines glycolic acid, citric acid and lactic acid to increase cell turnover and reveal smoother, softer skin with a firmer texture. With a pH of 5.5, it is suitable for all skin types.

The combination of

vitamin E and melanin is added to combat free radicals, and UV filters to protect skin from sun damage.

It is available as a lotior (75ml £5.99) or a cream (50ml £5.99).

Trials carried out on women in France revealed a 78 per cent improvemen in skin radiance after five weeks of use, 52 per cent improvement in smoothness and 90 per cent improvement in moisture levels. L'Oreal. Tel: 071-937 5454.



Pantène expands with styling products

The Pantène range has been extended with the addition of fixing spray, mousse and gel styling products.

All contain the pro-vitamin B5 complex, are available this month and sell at £1.99.

The fixing spray is used on dry hair and comes in extra hold for permed/coloured or damaged hair whereas natural hold is for normal/dry hair. A trial

size for 69p is available

during the launch period.
The non-aerosol fixing spray can either be used on dry hair to hold a style or onto the roots of damp hair for extra volume. Both extra and natural holds are available.

A mousse also comes in two levels of control, but the gel is only available in extra hold. Procter & Gamble (Health & Beauty Care). Tel: 0784 434422.

Rainforest soaps

Montagne Jeunesse, the independent body care company, are introducing 21 pure vegetable soaps with innovative designs, fragrances and ingredients.

They are made of natural ingredients sourced locally from the palm-growing region of Guatemala via the "Aid Through Trade" programme.

Exotic extracts and aromatherapy fragrances are found in products such as Jicaro Tree Bar, Pampas Grass Deep Cleansing Bar, Orchid Oil Glycerine Rich Soap, Soap of Tranquility and Red Poppy Bath Bar.

The collection is available from August and will retail at £0.99-£1.99. Carronshore Marketing. Tel: 0324 558505.



OK gingivitis you asked for it

As a pharmacist you know there's no better name than Corsodyl for the treatment of gingivitis. No more reassuring sight to the professional eye than the phrase '0.2% chlorhexidine', which appears on every bottle of Corsodyl Mouthwash.

It's not surprising then that Corsodyl Mouthwash has your firm recommendation (for not only gingivitis but also gingival healing following surgery and mouth ulcers too). You would not want your customers to tackle oral infection without some serious healing power on their side.

CORSODYL

0.2% w/v chlorhexidine gluconate

Give gingivitis the medicine it deserves

PRODUCT INFORMATION Consult Data Sheet before prescribing. USE inhibition of plaque, treatment and prevention of ginglyins maintenance of bygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of ginglyial nealing following surgery and the management of uphthous ulcerat and oral candidasis. PRESENTATION 'gray and Mint Mouthwash. A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash. A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel. A clear colourless gel containing 1.% w/w chlorhexidine gluconate. DOSAGE AND ADMINISTRATION Spray. Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash. Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth. with. Oml for one minute. Dental Gel. Bush the teeth with one inch of gel for 1 minute, once or twice daily. CONTRAINDICATIONS Previous, hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. PRECAUTIONS For oral use only, keep out of eyes and ears. SIDE EFFECTS Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Starting dail largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Starting dail largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Starting dail largely be prevented by cleaning teeth or dentures before use but may sometimes require replacement. Transient fair the disrurbance, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. PRODUCT LICENCE NUMBER AND BASIC NHS COST 'Corsodyl' Spray (PL0079/0311) 80 ml (OP) £3 8 'Corso



Colgate Bicarbonate of Soda toothpaste

The Bicarbonate of Soda Formula toothpaste from Colgate will be backed by a £3.2million TV campaign which will highlight the "clean mouth feel" and the cavity protection that comes with fluoride.

Coming in 50ml and 100ml — the large is in a free-standing tube, the small is a lay-down pack — it will sell at around £0.89 and £1.69.

The TV campaign starts in July and is backed by a 10 million door-to-door sampling and covermount programme.

The Colgate name currently take 23 per cent of the pharmacy market (31 per cent in grocery) with the sodium bicarbonate brand expected to do well in pharmacy because of its scientific appeal.

Colgate expect the baking soda sector to take 6 per cent of the market (valued at £220m) by the end of 1995, according to senior toothpaste product manager Barry Roberts. Colgate-Palmolive Ltd. Tel: 0483 302222.



Brol-eze ad blitz

Rhône-Poulenc Rorer are beginning a nationwide advertising campaign as part of the £1 million support package for Brol-eze eye drops. Posters will appear at 3,500 sites around the country and cross-track posters will be placed at 350 sites on the London Underground. Rhône-Poulenc Rorer. Tel: 0323 721422.

Anadin fact pack

To help pharmacists and assistants, Whitehall have produced a fact pack on Anadin.

Each pack comprises counter prescribing sheets for pharmacists, a guide on the different Anadin products for assistants and a book of tear-off Anadin selection guides for consumers. Whitehall Labs. Tel: 0628 669011.

Phone for pain advice

Paramol information service has launched a Pain Advice Line featuring Dr Chris Steele on 0891 444204.

Pre-recorded information covers "Headaches and migraines", "Backache and muscular pain", "Period pain" and "Toothache". Leaflets are sent to callers who leave their name and address.

Calls are charged at 39p a minute cheap rate and 49p a minute at other times. Proceeds from this line will support the work of the charity CAMPAIN.

Pharmacists wanting supplies of the leaflets to give to customers should ask their Napp representatives or apply direct to the company. Napp Consumer Products. Tel: 0223 424444.

New Twilight Mum

Mum Deodorants has updated its brand image and introduced a new Twighlight fragrance in aerosol and roll-on.

The Mum range has been re-styled and modernised to appeal to a younger core user. The logo is now bold and distinct.

The Twilight fragrance has a sensual floral and

oriental bouquet.

The launch is supported by two bursts of a £3 million television campaign in May/June and August. PoS material and launch pre-packs are available for Twilight.

Prices are £1.09 for the 50ml roll-on and £1.65 for the 150ml aerosol. Bristol-Myers. Tel: 0895 639911.



Unichem offers

May offers from Unichem include promotions on Johnson's Baby Products, Simplicity Towels, Simple, Lynx and Unichem film.

Johnson's Baby Bath (300ml) is £11.58 for 12; Baby Lotion (300ml), £12.97 for 12; and Baby Powder (200g), £6.94 for 12.

Simplicity Regular Towels 20s are £14.86 for 12, Night Time 10s are £22.15 for 24 and Brevia Standard 24s are £7.47 for 12.

On Simple, consumers are offered a free Moisturising Lotion when buying a pack containing Cleansing Lotion and Tonic. The Night Cream, Rich Shower Cream and Pure Fine Talc are all reduced.

Lynx Body Spray is £8.09 for a pack of six.

Unichem's 100ASA 135-36 film is £7.47 for ten, and the 135-24 and 110-24 are £6.17 for ten.
Unichem. Tel: 081-391

Feather Finish

Yardley have re-introduced their Feather Finish Pressed Powder. Available as a 20g refill, it retails at £1.95 for a limited period.

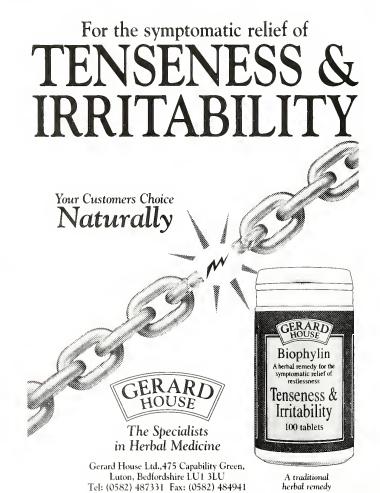
The company's Easy Bronze "instant tan" range, previously exclusive to Boots, is now available through independents. As an introductory offer, the Gel Stick is £3.95.

Classic English Soaps now come in singles and triples. Yardley Lentheric. Tel: 0268 522711.

Quick change display

Numark have created a window display unit that can be changed in a matter of minutes.

The stand is doublesided, so the front can be used for a window display and the back for in-store. It costs £199. Numark. Tel: 0827 69269.



A message to all ARM & HAMMER stockists from the President of ARM & HAMMER, USA.

Sales in the U.K. of our baking soda toothpaste, ARM & HAMMER DENTAL CARE® are outstripping even our most ambitious expectations. So much so, that we know many of you are experiencing stock shortages.

Our partners, Chemist Brokers Limited, have been doing their utmost to keep you supplied. But it is down to us to redress the situation quickly, and, rest assured, we will.

Production has been stepped up in the U.S. and we are laying on extra shipments and even air freighting the product, to meet the soaring demand.

In just a few short weeks, you have enabled ARM & HAMMER DENTAL CARE® to make an enormous impact in the U.K. In the shops where it is stocked, it is already one of the leading toothpaste brands.

So thank you for your support — it has been nothing short of tremendous. And thank you for your patience.

Please, bear with us. I can assure you the supply of ARM & HAMMER DENTAL CARE® will meet the demand, no matter how high it gets.

Thank you.

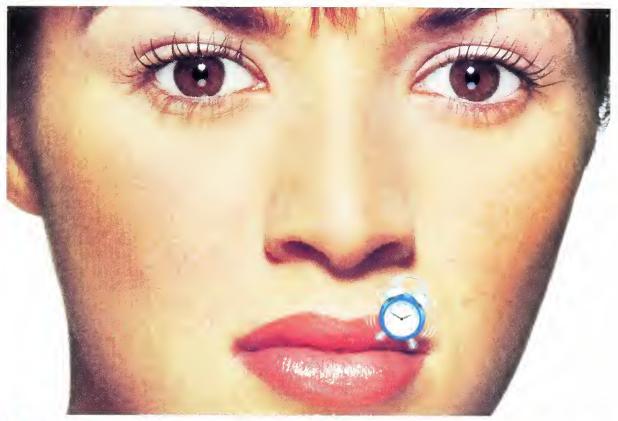
Bill Egan, President, ARM & HAMMER.



Distributed in the U.K. by:



COLD SORES A MAJOR BREAKTHROUGH



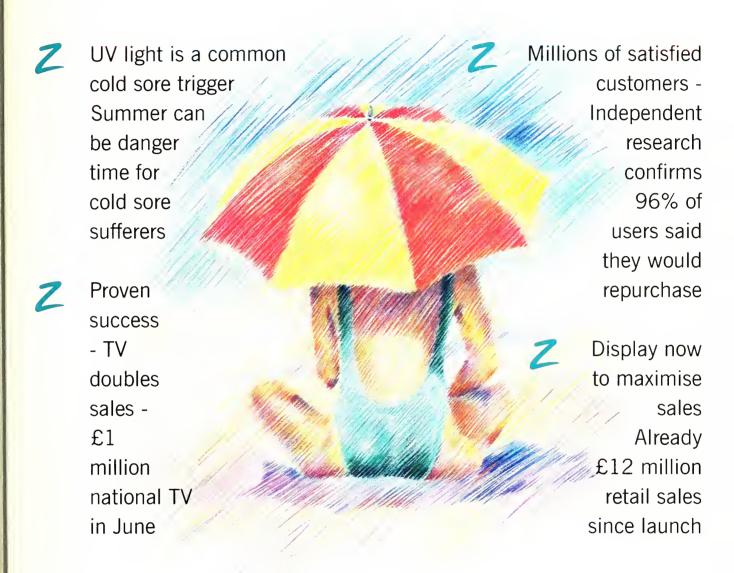
Treating the tingle can prevent a cold sore



ESSENTIAL INFORMATION PRESENTATION 5% w/w aciclovir in water miscible cream base. USES Cold Sore treatment. DOSAGE AND ADMINISTRATION Apply 5 times a day for 5 days, it is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has just becurred, treatment may be continued for up to an additional 5 days. CONTRA-INDICATIONS, WARNINGS, ETC Contra-indications Zovirax Cold Sort Seagn is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. Precautions Zovirax Cold Sore Cream should only be used of

THE HEAT IS ON!

National TV campaign will generate scorching summer sales





The only specific OTC product where early use can prevent a cold sore

Two brushes join Mentadent range

Elida Gibbs have added two toothbrushes to their Mentadent range — the Mentadent Profile and the Mentadent Step-Up. This brings to five the number of brushes in the range.

The Profile brush has ripple action bristles which clean between the teeth and is 73 per cent more effective where you need it most, says the company. A tapered head gives better access to back teeth and there are end-rounded bristles and a non-slip grip

The brush also features a unique time control device on the handle. A small, rotating clock device can be set when the brush is first used and this allows the consumer to identify when the brush has been used for three months, so encouraging replacement.

Mentadent Profile is available in medium bristles only, comes in a choice of four colours red, blue, green and black
— and will retail at £1.79. Support will include £1 million divided between TV and Press advertising. This starts in June and July and repeats in September. A free trial size pack featuring the new



Mentadent Bicarbonate of Soda Toothpaste (C&D) April 16, p630) will be available in September.

The Mentadent Step-Up toothbrush replaces the current Junior brush. The company believes this is the first character brush to feature its own stand to help develop children's interest in cleaning their teeth, as well as keeping the bathroom tidy.

The brush has soft, end-rounded bristles, a small head and an easy grip handle. Available in four colours — blue. green, pink and yellow the brush will retail at £1.99. Elida Gibbs Ltd. Tel: 071-486 1200.

Win a healthy weekend

Robinson Make-Up Wipeaways and Nail Polish Wipeaways are being promoted to consumers, with the chance to win a weekend break at a health farm or a make-over.

To enter the competition, consumers are invited to suggest a new name for the Robinson cosmetic moist tissue range.

To support the competition there is new point of sale material. Robinson Healthcare. Tel: 0246 220022.

Summer styling

Lady Jayne has a new hair accessory range for Summer, comprising of bandeaux, scrunchies, bows and hairslides in a mix of soft and bold colours. The prices range from £1.49-£2.99. Independents are offered a bonus pack of 20 assorted Ponytailers in a special promotion. Laughton & Sons. Tel: 021-436 6633.

Keep teeth for life with Oral-B

Oral-B's new toothbrush - Advantage Plaque Remover — aims to bring performance qualities to the design-led premium end of the market.

Launching this month, Advantage boasts a power tip with long, angled filaments to clean around the back of teeth; an action cup with multi-level filaments which surrounds the tooth while also cleaning round the gum; end-rounded filaments; and an indicator filament which fades with wear. The chunky handle has a universal thumb grip for maximum comfort and control while brushing, says the company.

"The brush is specifically designed to remove more plaque and to remove it safely," says Jenny Phillips, product manager for Oral-B. It is said to reduce plaque levels by up to 45 per cent and gingivitis by 28 per cent over an eight-week

Ms Phillips believes the brand will benefit from the

Oral-B brand heritage and its strong dental link, "The Oral-B name gives credibility," she says. Advantage is available in

five colours, four straight head sizes (30, 35, 40, 60) and two angled head sizes (35, 40) and retails at

The launch is being supported with a £2 million television campaign with the tag line "Keeping teeth for life which runs throughout August. The commercial emphasises the dental health message saying "the Advantage has the same goal as you and your dentist".

A PR campaign, concentrating on promotions and offers, will run in the women's Press.

Pharmacists will benefit from a launch price of £1.99, which runs until June. Two merchandising units are available: a six-dozen counter unit which holds consumer leaflets and a 12-dozen floor standing unit. Oral-B Labs. Tel: 0296 432601.





Bio-Garlic (60 £5.95) has been added to the Bio-Series range of food supplements. A one-a-day formulation, the odourless tablets contain 300mg garlic powder, of which 4.7mg is alliin. Pharma Nord. Tel: 0800 597156

n TV Next Week

GTV Grampian BSkyB British Sky Broadcasting C Central CTV Channel Islands LWT London Weekend C4 Channel 4 U Ulster G Granada A Anglia CAR Carlton **GMTV** Breakfast

STV Scotland (central) Y Yorkshire HTV Wales & West M Meridian TT Tyne Tees W Westcountry

Aquafresh Flex:	All areas
Andrews Antacid:	C, A, HTV, W, C4, GMTV
Beconase Hayfever:	CAR
Colgate Precision:	All areas
Colgate Great Regular Fl	lavour: All areas
Gliss Corimist:	C4, GMTV
Macleans Active Mouth (Guard: All areas
Nivea Visage:	C4
Nytol:	TT
Oxy:	All areas
Pepcid AC:	All areas except CAR, GMTV
Proflex:	C, M, C4, A, HTV
Pulse Pure Fish Oils:	CAR
Radox Showerfresh:	All areas except HTV, CTV, W, CAR
Rennie:	All areas except CAR
Soft & Gentle:	All areas
Vaseline Intensive Care:	All areas

HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.

During the next 9 months we're putting over \$600,000 behind a highly informative advertising campaign in Bella, Best, Chat, Essentials, Living, Family Circle, Prima, She your counter and asking your advice.

And to make sure they know exactly where that counter is, we're even providing a freephone telephone number for them to call.

and Woman; in short, all the leading women's magazines in the country.

A series of eve catching, full colour ads will make absolutely sure your

their finger on the pulse. Thanks to them, consume eness of OTC Medicin prime target market is aware of the increasing number of medicines now

Over 18 million women aged 25-40 will regularly be reminded that they can now get many of the remedies they need for common ailments simply by walking up to

available over the counter - and the consequent

importance of their local UniChem pharmacist.

specially designed Trust Unichem to have in-store display unit that will feature all the products shown in the ads, plus the relevant consumer

> information leaflets, will further hammer home the message.

> The extra business that this exciting, changing face of pharmacy will create, means now, more than ever, you need a whole-saler you can rely on.

> As the shift towards OTC Medicines increases the importance of your role within the community, so our continued support will increase your profits.

Unichem link up for babycare promotion

Unichem are launching a joint promotion with Cow & Gate and Pampers to help independents "retain their position as favoured shopping point'

Running until the year-end, it features low trade prices on products and a "Little Treasures" baby photographic competition in Unichem's consumer magazine. The winner from each of three age groups will go for a professional photo session and get £1,000 of gifts of

their choice. Entry requires proof of purchase from one of the three companies' brands.

Pampers' prices of £5.99 (5 per cent retained profit) or £6.25 (8.5 per cent) are possible.

Up until July 25, orders for 25 or more of the three's products will qualify the recipient for a competition to win one of five free places on Unichem's Vancouver Convention. Unichem plc. Tel: 081-391 2323.

Win a **Top TCP** tips

TCP is being promoted this Summer with the introduction of a first aid guide and an advertising campaign.

Entitled "Facts for the First Aid Box", the laminated card will be offered to TCP customers through pharmacies and free in women's magazines. It gives advice on dealing with common accidents, bites, stings, cuts, burns and bleeding. Chemist Brokers. Tel: 0705 219900.

holiday

Consumers are offered the chance to claim 14 nights' free hotel accommodation in 900 European hotels by collecting tokens on packs of Lil-lets.

With eight tokens, consumers are entitled to their prize, as long as they take breakfast and evening meals at the chosen hotel.

Respondents also get 12 months' free membership of the Lil-lets travel club, with its many discounts. Smith & Nephew. Tel: 021-327 4750.

Floris' **Bouvardia** returns

The Bouvardia name is making a re-appearance for Floris — 120 years on.

The 16-line range comes in navy and gold packs and is destined for the shelves of some 300-plus pharmacies in June.

Top notes include mandarin and orange blossom spiced with coriander. Floral heart notes are mujet, iris, jasmine and gardenia; while the base section blends vanilla with sandalwood, tolu, cloves, amber, peru and balsam.

Perfumes are 7.5ml spray £19.95 (refill £12.50) and 15ml spray £29.95; Toilet Water 50ml £14.95 (natural spray £16.95) and 100ml £23.95 (natural spray £25.95); Concentrated Bath Essence 15ml £9.95, 30ml £15.95 and 75ml £29.75; Foaming Bath and Shower Gel 200ml £7.50; Body Milk £7.95; Dusting Powder 200g £15.50 and 75g flask £6.50; and Fragrant Soaps 3 x 150g £12.75 (bath) and 3 x 75g £7.75 (toilet). Floris of London. Tel: 071-499 5645.

Duracell set a puzzle

Duracell are running a Lithium Photo competition with Olympus cameras as prizes.

Consumers have to identify three close-up mystery photos and then complete a tie-breaker, but the competition leaflets are only available on special display boxes.

These hold 12 Lithium Photo battery blister packs — six DL123A, four DL245 and two DL223A.

Retailers could also win a free display box worth £119.88, if the winners of the main competition buy batteries from their shop.

Pharmacists can also buy the promotional



Lithium Photo display unit as part of a special promotion package worth £496.28. It contains four cases of AA and three cases of AAA batteries. Duracell UK. Tel: 0293 517527.

Bodyline for mums and babies

Laughton & Sons will distribute Bodyline Mother and Baby from May to independent pharmacies.

Bodyline is a range of natural cruelty-free mother and baby products. It comprises 150ml bottles of shampoo, bubble bath

and oil and 100ml tubes of nipple gel, barrier cream and stretch mark cream.

Retail prices range from £1.49 for shampoo to £2.49 for barrier cream.

There will be a counter display and consumer leaflets. Laughton & Sons. Tel: 021-436 6633.



With over 25 years of manufacture of tried and trusted baby medicines, you know you can recommend Dentinox with confidence for use from birth onwards. So whether it is wind and griping pains, cradle cap or teething - trust Dentinox to make it better.

TRIED AND TRUSTED FOR BABIE

Pharma)da

Community care one year on

Problems and opportunities for community pharmacists

Methadone dispensing

A practical guide to providing a service

Rosacea

Causes and treatments of this skin condition

iii

Community care one year on

What exactly is community care? The simplest way to describe community care is as a method of caring for people who need long-term continuing support without putting them into an institution. Community care is perhaps a buzz word for the 90s, but the concept has been around for a long time.

It involves a patient-centred approach to providing caring services: instead of providing a service and expecting people to fit in with it, service providers are expected to be flexible, adapting their services to meet the different needs of individual clients. The aim is to provide support to enable people to live as independently as possible, with dignity, in their own homes, or in other supported settings in the community.

Who for?

Community care services are aimed at anyone who would face difficulties in maintaining independent living. In practical terms, the main users of these services will be:

- people who are elderly and infirm
- people with enduring mental
- People with enduring mental health problems (eg schizophrenia and dementia)
 People with learning disabilities or physical handicaps
 People requiring palliative Care who wish to die with dignity in their own homes.

Who's responsible?

Exactly who is responsible for some community care services is sometimes unclear.

Health authorities have the responsibility for determining the health needs of their populations, and commissioning services to meet them.

Local authorities — via their

social services departments (SSDs) — have similar

r<mark>esponsibilities for social care</mark> It is essential to understand that the budgets for community care services are held by local

The NHS and Community Care Act came into force last April. A year down the line, pharmacists are still not generally involved in providing services as part of community care. John Donoghue, Chairman of Liverpool LPC and vice-chairman of the UK Psychiatric Pharmacy Group, takes a fresh look at the problems and opportunities for community pharmacists

1. Publishing information

2. Determining the level of assessment (on referral)

3. Assessing individual needs

7. Reviewing

4. Care Planning

6. Monitoring

5. Implementing the care plan

authorities and not health authorities, although in many areas community care plans have been developed jointly between health and local authorities. There have been problems in some areas where these do not share the same boundaries.

How does the system work?

The central process of community care is care management. This, according to the text books, is a process with seven stages (see Figure above).

The system depends on the

availability of information on the range of services on hand to meet a client's need (Stage 1). When a client is referred for assessment, a decision is taken about the level of assessment required: it may be, for example, that a client has problems only with mobility. An assessment is then carried out to determine the nature and extent of the client's needs, and a care plan drawn up to ensure those needs are met.

Care plans have been called "complex packages of care" and may mean that services from a number of different providers are purchased to meet the needs of one client. For example, a person with dementia may need a home help to perform the household tasks, meals on wheels to provide meals, a twilight carer to put them to bed, and so on.

Once the care plan has been implemented, it is monitored to ensure that the services are meeting the client's needs, and reviewed periodically in case the

needs change.

For pharmacists wanting to get involved in providing services in this way, the most important steps are probably Stages 1 and 3: providing information about services, and assessment of need. The assessment of an individual's needs will determine the services that can be purchased to meet those needs. If an assessment fails to identify a particular need, or if a care manager does not have the necessary information about available services, then those services cannot be purchased.

Opportunities

There are many opportunities for pharmacists to get involved in caring for these vulnerable clients. One compelling reason is that many of these people are reliant on medicines to support

Continued on pii

them in independent living. There are many obstacles in the way of achieving safe and effective use of medicines (eg polypharmacy, complicated dose regimes, lack of information, poor understanding, side-effects, etc). The pharmacist's contribution will largely be to lessen or remove these.

However, despite the fact that the first stage of community care was implemented a year ago, most pharmacists still are not involved in providing

community care services. Why? My belief is that the purchasing authorities health authorities and SSDs have failed to understand the vital role played by medicines in supporting community care services, and the contribution pharmacists could make to ensuring the successful use of medicines. This suggests an astonishing absence of pharmaceutical advice on this issue, and the information issued by the Royal Pharmaceutical Society and the National Pharmaceutical Association seems to have fallen on barren ground.

These were the seeds that pharmaceutical advisers should have nurtured, but prescribing has been given a much higher priority, and pharmaceutical involvement in community care has, to date, been virtually

zero.

The key issue is to get the pharmaceutical needs of individuals recognised as a priority. If pharmaceutical advisers are not doing this, then it is up to the LPCs and individual pharmacists to take on this task. If these pharmaceutical needs are not addressed, are left unrecognised and continue to go unassessed, then there is no chance of pharmacists becoming involved in the continuing care of these patients other than as suppliers of medicines — it is that simple! Pharmacists will be excluded from the care process not because they are not needed, but by default!

The NPA has developed an assessment checklist for pharmacists — advisers, LPCs, or individuals — which could be used as a template for convincing the purchasing authorities that pharmaceutical

needs are a priority issue. The checklist includes such

things as: polypharmacy and

live independently

complicated dose regimens adverse effects which may impair the patient's ability to



 whether the patient is housebound how important the

medication is to the patient's quality of life.

Services on offer

Here are some examples of the services pharmacists can provide. This list is not exclusive, and many pharmacists, aware of local needs, or the needs of an individual patient will probably be able to think of more:

 Instalment dispensing people who have difficulty managing large quantities of medicines, eg in dementia.

• Medication aids — for people on polypharmacy or complex dose regimes

 Domiciliary services — to help people who cannot get to a pharmacy. This could involve needs assessment, counselling, liaison with other carers or the doctor

• Provision of information, advice and counselling services

Provision of medication documentation — this would be especially useful where care for a housebound patient is provided by different carers at different times of the day. (Of

course, these people would also need training to use the documentation effectively!)

• Monitoring compliance — where a medicine is crucial to a person's quality of life, eg in diabetes or epilepsy

 Input to care management helping to decide what services would be most appropriate to meet particular needs

 Holding stocks of certain medicines, eg high-strength diamorphine ampoules for terminal care

 Providing equipment, eg syringe drivers, nebulisers Providing training for carers about safe, effective use of medicines. This is especially important, as carers will often be the only regular contact with these patients, and could, with the necessary training, be alerted to possible adverse drug effects which would impair the patient's ability to live independently, eg if a diuretic

caused the patient to become Will we get paid?

The answer is yes! Unlike many healthcare budgets which are ringfenced for certain groups (like the pharmacy global sum), anyone can bid for funds from community care budgets. You are more likely to be able to attract payment for your service if you can demonstrate that you are making a clear contribution to a person's quality of life, or if failure to purchase your service is likely to result in the person being unable to live independently, and having to go into residential care or a nursing home or hospital.

As I have already pointed out, the most important thing for pharmacists to do is to make sure that pharmaceutical needs are part of the assessment process, and make sure that care managers have information on the services you

can provide. Remember also that you are in competition with other professional groups who want to bid to provide these services, such as occupational therapists, nurses and social workers. They may not be as well qualified as you when it comes to medicines, but you are in a competitive arena where you have to market your services, and the purchasers of these services generally have a poor understanding of what



Shower and Bath Protection for limbs that must be kept dr

incontinent.

* Protects wounds, stitches, dressings, bandages and plaster casts too.

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Six sizes to cater for the limbs of all ages.

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pharmacists have to offer.

The next move

The simplest message is "get moving!" The NPA and the Society have sown the seeds for you. The NPA information package for SSDs has been particularly effective in generating a lot of interest, but without LPCs and individual pharmacists taking up the challenge and constantly pushing, pharmacists will find it next to impossible to enter the community care providers' club.

Opportunities are out there in plenty, created by the widespread and increasing use of medicines as therapeutic tools to support independent living; created by the ever-increasing needs of our ageing population. Opportunities are also available to attract payment from community care budgets for pharmaceutical services outside the NHS contract.

Major tasks

We have two major tasks before us: to get pharmaceutical needs identified as priority issues in needs assessment, and to develop a menu of services and publish information about those services.

LPCs need to improve their understanding of the issues involved, and prepare a case to put to the purchasing authorities — health services and social services — to convince them of the necessity of pharmaceutical services as part of community care. The NPA may be able to help, or

you may find the Liverpool LPC "Statement on Community Care in Liverpool" useful.

Selling services

If you do want to sell the concept of pharmaceutical needs, and the provision of pharmaceutical services to meet those needs, it's no good sending a polite letter, crossing your fingers, and hoping for an instant response; you're unlikely to get one. You have to sell your service, meet people, present evidence of the need for a pharmacist to get involved. This is hard work and requires time and commitment.

Individual pharmacists need to take a look at their own practices.

• Are you already involved in community care?

• Do you dispense for patients in residential care?

 Do you provide training for care staff on using medicines safely?

If you decide you do want to get involved, think about the services you feel you could provide and develop an information package

information package.

If you think a service is definitely needed, but you don't feel able to provide one yourself, consider buying it in — there could still be a profit for you, and an element of increased goodwill even if you don't provide the service directly. For example, you could employ a locum pharmacist to provide the service (eg domiciliary visits) on a sessional hasis

One year on...

It is now a year since the first phase of community care was introduced. In the second year — starting April 1994 — the budget of community care will be in the region of £1.2billion or twice the global sum for community pharmacy. About half of this is new money, to encourage the development of innovative, patient-centred services.

Many organisations have spent á gréat deal of time thinking about the kind of services that are needed, and how they can exploit the opportunities to develop these services. Pharmacists, with a few exceptions, have been absent from the field. If you have a service, and you can demonstrate that your service is a valuable contribution to the care of an individual, and that it is an important element of supporting their ability to live independently, then your service will get on the list of services from which care managers will be buying to

meet patients' needs.

If you don't think about what service you can offer, or if you don't make information about them available, your name will never get on the list.

Pharmacists have demonstrated that they can be extremely innovative, and community care provides real opportunities for developing patient-centred care which will be rewarding both financially and professionally — but it's up to you to make it happen!

Methadone dispensing in the community pharmacy

First produced during the Second World War, methadone is an opioid analgesic whose structure is closely related to heroin. Since its discovery it has had various uses including pain control and as a cough suppressant, but its best known role is in the management of heroin addicts. Janie Sheridan, Boots teacher practitioner, picks up on some practice points

Opioid drug misuse is not new to the 20th Century. However, laws passed nearly 75 years ago making the possession of opioids illegal, except for legitimate medical use, has changed the nature of the problem.

Following the 1920
Dangerous Drug Act, it was accepted to be legal for doctors to prescribe opioids to addicts in the UK as addiction was seen as a medical problem that required medical treatment.

Moving on to the 1960s, the view of addiction changed from a medical one to a social one where addiction was seen as a socially infectious condition, which could be spread from one person to another. At this time treatment of addicts had one main goal: total abstinence from the drug of addiction.

However, in the 1980s, with the appearance of HIV, a real disease was seen to be associated with intravenous drug misuse. As a result, goals in treatment of addiction had to be reviewed and in 1988 the Advisory Council on the Misuse of Drugs stated: "We have no hesitation in concluding that the spread of HIV is a greater danger to individual and public health than drug misuse."

New goals

New intermediate goals for the treatment of addicts are now based on the ethos of harm minimisation. Many drug misusers cannot quit using drugs and it is well known that many intravenous drug users find it hard to give up injecting, even when faced with the

possibility of becoming HIV positive. The practice of sharing injecting equipment means that HIV can be easily spread from one individual to another via contaminated blood.

New goals include:
• A reduction in sharing of injecting equipment by increasing the availability of equipment

 Changing from injecting drugs to oral administration

A change in sexual behaviour
 Ultimately abstinence.
 Community pharmacists have a role to play in helping drug users reach these goals, to a greater or lesser degree, but for most community pharmacists the most common activity in this area is providing oral methadone to registered addicts.

In a study by Glanz in 1988, 23 per cent of community pharmacists stated that they dispensed methadone, 28 per cent sold needles and syringes and 3 per cent were involved in needle exchange schemes. It is interesting to note that the numbers stating they were willing to do these activities was far higher than those actually doing them. This may be due to several reasons including lack of demand for services, but may also be due to a certain degree of uncertainty about problems that may be encountered.

Why supply?

So why should community pharmacists dispense methadone to registered

Continued on pvi

Anew era in

For the 7 million people who suffer from night-time pain, new Anadin All Night* will come as a welcome relief.

Unlike most analgesics, which have to be retaken every few hours, <u>Anadin All Night</u> is a unique controlled-release aspirin formulation, specifically designed to relieve pain throughout the night.

A new concept in pain relief technology

Polymer coating

I of several hundred crystals of aspirin inside every tablet

Allows gastro-intestinal

Dissolved drug out

fluids in

Anadin All Night tablets

become fully degraded just 10-15

minutes after dose administration, releasing

hundreds of polymer-coated aspirin particles. Unlike a

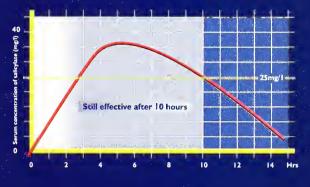
standard tablet which breaks up in the stomach and is absorbed directly through the stomach wall, the polymer-coated particles of <u>Anadin All Night</u> are quickly and widely distributed throughout the G.I. tract, which may minimise local gastric side-effects.

Product Information: Anadin All Night Analgesic Tablets. Presentation: Sustained release tablet for oral administration. Each tablet contains aspirin Ph Eur 500mg. Uses: for the treatment of mild to moderate pain, particularly overnight treatment. Dosage: Adults and the elderly: Two tablets 1-2 hours before retiring for the night. Children under 12: Not recommended unless under the supervision of a doctor. Contra-indications: Active peptic ulceration; bleeding tendency (hypoprothrombinaemia, vitamin K deficiency, haemophilia); angioneurotic oedema; hypersensitivity to salicylates. Interactions: May potentiate the effects of oral anticoagulants, oral hypoglycaemics and methotrexate. The uricosuric effects of probenecid and sulphinpyrazone may be reduced. Special warnings: Do not take any other painkillers whilst taking this product. Precautions: Not applicable. Side effects: Gastrointestinal disturbances such as dyspepsia and epigastric pain. Highly sensitive individuals may experience major gastric bleeding, skin rashes, anaphylactic reactions, asthma or angioedema. Tinnitus with hearing loss, centrally precipitated nausea and vomiting, dizziness and reversible hypothrombinaemia may occur. Effect on ability to drive & use machines: None known.

pain control.

Each particle is coated with between I and 6 layers of polymer which allow a gradual release of aspirin over time:

- * providing sustained analgesia, permitting pain-free sleep.
- * non-sedative analgesic action,
 meaning no early morning
 drowsiness.



Taken I-2 hours before bedtime, <u>Anadin All Night</u> provides effective levels of pain relief all through the night. For seven million people this could be the pain relief they've dreamed of. <u>Anadin All Night</u> is being supported by a £1.7 million launch campaign with TV and national press and extensive pharmacy education and point of sale materials.



A REVOLUTION IN NIGHT TIME PAIN RELIEF.

AVAILABLE ONLY FROM PHARMACIES

Incompatibilities: None known. Use in pregnancy: Not recommended. Overdosage: Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use whereupon symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and metabolic acidosis; CNS depression may lead to cardiovascular collapse and respiratory failure. Treatment is by induced or aspirated gastric emptying. Forced alkaline diuresis may be required after correction of acidemia by sodium bicarbonate infusion. Cardiac or renal impairment may require haemodialysis or peritoneal dialysis. Anti allergic resolutions to aspirin can be treated by administration of adrenaine, corricosteriods and inhalithistamine. Pharmaceutical

precautions: Store in a dry place, at a temperature not exceeding 25°C. Legal category: P Package quantities: Blisters of 10 tablets, packed in cartons of 10 or 30. Product licence no: PL 0165/0103. Date of preparation: March 1994 Shelf life: 2 years. Price: RSP £1.95. £3.95. Whitehall Laboratories Limited, Taplow, Berkshire, SL6 OPH. *Trade Mark



addicts? It is one of the few dispensing activities which the NHS contract does not oblige pharmacists to undertake.

If one believes that registered addicts are patients and that they are ill, then there should be no question about providing this service, as one would not refuse other groups of patients because of their disease or condition. However, if a pharmacist does not regard addiction as an illness or drug misusers as patients, this leaves the decision more open to discussion on many levels, including a moral one. This was often the conflict which concerned many pharmacists in the past.

But now another factor has come into the equation — HIV. If a move from injecting drugs to oral drug misuse can help prevent the spread of HIV throughout the drug misusing community and ultimately into the community at large, methadone dispensing may be seen as a service to the community. As far as registered addicts are concerned, the use of regular daily doses of methadone can significantly improve quality of life and improve health status, and there is evidence to show that injecting behaviour is décreased.

Practical problems

Providing this dispensing service is obviously not without problems. These may come in several forms:

• prescription-related problems

supply problems

 patient-related problems. Prescription-related problems are mainly due to the difficulty of authenticating the prescriber and the fact that the regulations governing the writing of such scripts are complex and mistakes are often made. These problems in turn often lead to client-related problems where the pharmacist cannot supply methadone from an unauthenticated script or a script that is not fully legal and is faced with a client who is anxious to obtain his/her medication and may become "difficult" as a result of delays which they do not (and do not want to) understand.

Supply problems may relate simply to obtaining the drug, but may also be related to supply in instalments where the client does not turn up to collect the medication on the stated dates and cannot be supplied on non-specified dates. Other client-related problems often cited as reasons for ceasing to, or not being involved in, providing a service are shoplifting by clients, the possibility of other drug misusers trying to illegally obtain methadone (often by force) and the attraction of "undesirable clients" who may intimidate staff and other clients.

Dosing

Methadone reaches its peak effect approximately four hours after an oral dose and has a long half life (13-47 hours). This means that a once-daily dose is sufficient, though some clients will split this into a twice-daily dose, especially if they have problems sleeping.

Side-effects

The effects that clients experience vary from one individual to another. These include a "high" which lasts longer than for heroin but is less intense, levelling of emotions, drowsiness, sleep disturbances, sweating, interference with menstruation, reduced libido, dry mouth, reduced energy, small pupils, stomach pains, heavy feeling limbs, itchiness and constipation.

In large doses there may be respiratory depression and hypotension. Rarely, clients on methadone for the first time

Handbook (second edition) which will probably be available from the clinic. It is printed by Island Press Ltd (tel: 0323 490222).

Travel restrictions

If clients wish to drive they should first inform the DVLA that they are taking methadone and will then require a medical to test the urine for illicit drugs. Clients on oral methadone may be given a licence for one year, while those on injected methadone will probably have their licence withdrawn due to the extra sedating effects.

Clients wishing to travel abroad should take advice from their prescribing clinic as they may need a Home Office licence. The licence allows the drug to be taken out of the UK, but certain places may not allow methadone to be taken

name, drug strength and form, the dosage, and the total quantity of drug or drug dosage units in words and figures

 where the prescription is in instalments, the directions concerning the amount for each instalment and the intervals to be observed must be stated

 where there is a handwriting exemption, the prescriber need only sign and date in his/her own handwriting. However, all the above details must still be present on the prescription.

Prescriptions from NHS clinics (pink FP10 [HPad]) may only be used to prescribe certain drugs in instalments and only for up to two weeks' supply. Other drugs such as benzodiazepines may be included on the script but not in instalments. Blue FP10(MD) forms from GPs may be used to prescribe in instalments for up to two weeks' supply. FP10 forms may also be used to prescribe in instalments, but the pharmacist will only get paid one professional fee, unlike on other forms where they get paid the fees per number of instalments dispensed.

Clients who fail to collect their methadone on the date specified may not collect retrospectively. They may only collect on the next stated supply date. For instance, if supply is twice a week on a Monday and Thursday, a client who fails to collect on a Monday may not collect until Thursday and must forfeit Monday, Tuesday, and Wednesday's instalments. Only the person for whom an FP10(HPad) is written may collect the methadone unless a letter has been received from the clinic authorising another person. However, on the FP10(MD), in theory anyone may collect the methadone on the patient's behalf, although obviously this should be discouraged.



may experience swollen ankles and feet, painful and swollen joints and skin rash. These disappear after a few days. Clients stabilised on methadone who require opioid analgesia should be prescribed analgesics in the normal way as they are already tolerant to the effects of methadone.

Long-term effects

Clients may ask about other side-effects, especially long-term effects of methadone. They may be reassured that it does no damage to the heart, liver, brain, reproductive system or immune system. However, as the 1mg/ml contains Syrup BP and methadone is acidic, there can be damage to the teeth.

Female clients who become pregnant should be reassured that there is no evidence to show that methadone harms the baby. However, they should discuss the matter with their local drug agency, especially if they wish to stop taking the methadone during pregnancy. A very useful publication for clients and for community pharmacists is the *Methadone*

into the country.

Overdose

Suspected overdoses of methadone should be dealt with as for all other medical emergencies and the person's airways cleared and then they should be placed in the recovery position while waiting for an ambulance.

It is important to stress to clients who have children in their homes that as little as 10mg can kill a small child. Less than 50mg could kill an adult.

Legal aspects

Methadone is a Schedule 2 Controlled Drug and prescriptions for methadone must comply with those under the Misuse of Drug Regulations. Prescriptions must be in indelible ink and:

 in the prescriber's own handwriting (except where there are handwriting exemptions, see later), and dated by the prescriber (a rubber stamp is admissable)
 must state the name and

 must state the name and address of patient, name and address of prescriber, the drug

Practice points

• If you are deciding to start supplying methadone, get to know your local drug dependency unit and other drug units in the area. The SCODA handbook which contains a full list of all statutory and non-statutory agencies in the UK may be obtained from SCODA (tel: 071-430 2341).

Even if you currently supply methadone, personal contact with these agencies is invaluable when trying to sort out any client-related problems • Many pharmacists request their methadone clients to come and collect their medicine between certain hours, which

will be most convenient for the pharmacist and client and prevent too many delays

Inform your local police station that you are providing this service and therefore keep

methadone on the premises
• Methadone liquid should be dispensed in child-proof containers, but these are not always leak-resistant, so clients should be warned to keep the contain upright.

David is a 27-year-old farm worker who suffered with normal teenage acne which settled in his early 20s. But three years ago, he began to develop pustules on his face which he initially thought was his acne coming back again.

When he decided to go to his GP, he explained that his rash was associated with marked skin redness that got worse following exposure to bright sunlight. He also complained of occasional feelings of soreness and grittiness in his eyes. His GP made the diagnosis of rosacea and referred David to a

dermatologist.

David is a slightly unusual sufferer of rosacea because the condition tends to affect more women than men. Adults are commonly affected, particularly in their 30s, 40s or 50s. As many as one in ten middle-aged women are likely to suffer from mild symptoms of this condition.

Many people don't seek help because they believe their rosacea is simply a complexion problem that can't be treated. These sufferers may come to light when they turn to the pharmacy for advice on specialist cover-up cosmetics or over the counter acne treatments.

What is rosacea?

Rosacea is a chronic inflammatory skin disorder which primarily affects the central area of the face — the cheeks, nose and sometimes the forehead and chin.

The condition is characterised by erythema, which initially may be intermittent, perhaps seen as blushing attacks. Later, inflammatory red papules, with or without pustules, may appear. Sometimes blood vessels under the skin surface become abnormally dilated, appearing as thin red lines, a condition called telangiectasia.

Other symptoms include a persistent burning feeling on the affected skin and as many as half of all sufferers experience grittiness or a mild discomfort in their eyes.

There are three main complications of rosacea which

• Rhinophyma — Found most by the overgrowth of the nasal tissue resulting in a bulbous and irregular swelling of the nose. The affected skin changes colour to anything between mauve to deep red.

 Ocular complications Blepharitis and conjunctivitis are thought to occur in around half of all rosacea sufferers. In about 5 per cent of cases, the cornea may become ulcerated resulting in visual impairment.

 Facial lymphoedema — Also more prevalent in men is persistent swelling of the forehead, cheeks and around

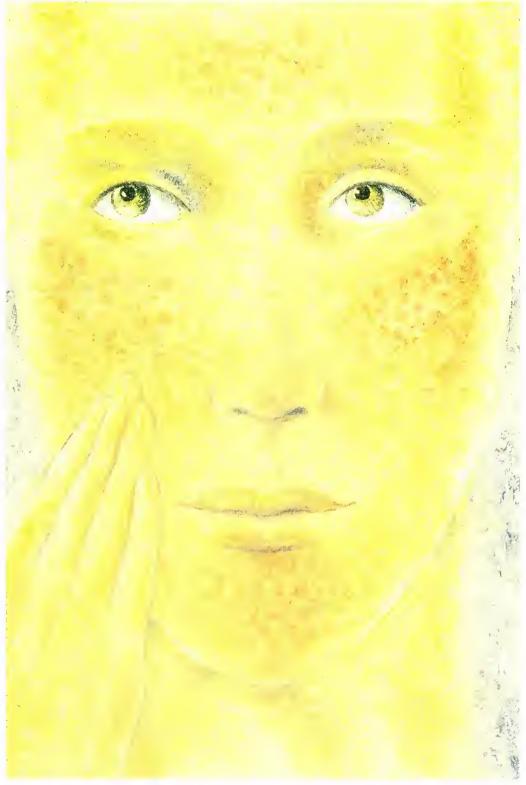
Unknown cause

The precise cause of rosacea is unknown but various theories have been suggested. These include a possible link with

Continued on pviii

Red-faced shame

Not all red faces are due to the ravages of the weather or an over-fondness for alcohol. Some people suffer from rosacea, a condition which, if not treated, can cause permanent damage to the skin and eyes — not to mention a loss of self-confidence. Jane Feely PhD MRPharmS takes a look at this little known condition



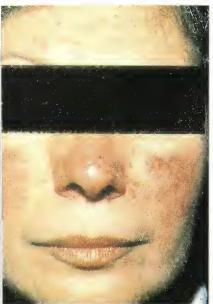
bacteria, mites or fungal infections, a malfunction of the connective tissue or even psychological factors.

It seems likely that there is no single cause and rosacea may be due to a variety of factors such as heredity, skin colour and structure.

When making a diagnosis of when making a diagnosis of rosacea, a physician will look for a characteristic pattern of facial reddening and inflammation and will exclude other conditions like acne, certain types of dermatitis and systemic lupus erythematosus.

Who suffers?

As mentioned earlier, women suffer more than men, usually in their 30s, 40s and 50s Around one in ten middle-aged women may show symptoms. A hereditary link is possible as the



Female rosacea sufferer

condition often affects members of the same family.

Skin type also seems to predispose an individual to rosacea. There is a higher prevalence among Caucasians from North West Europe, whereas individuals with more pigmented skin are less commonly affected.

Many sufferers are reluctant to seek help in the early stages because their symptoms come and go. Often they don't realise that they have a treatable condition and may think it's only their complexion.

Unfortunately others are merely dismissed as alcoholics that florid, red complexion and nose is often associated with those who like a drop too much of the hard stuff

Treating rosacea

Treatment of rosacea is usually started by the GP or dermatologist and can be either oral or topical therapy.

For the past 20 years, oral tetracycline has been the mainstay of treatment. A standard regimen is 250mg four times a day for the first three or four weeks. The dose is then gradually reduced until an

effective maintenance dose is achieved. Treatment may continue for three or even six months.

Oral treatment with isotretinoin is sometimes considered for people who do not respond to treatment with antibiotics.

Topical corticosteroids have been used to help reduce the inflammation of rosacea but this can make the redness worse. Their use is now discouraged because of the risk of thinning and scarring of the skin with long-term use.

A prescription-only gel preparation of 0.75 per cent metronidazole (Metrogel), which is applied to the affected areas, is also available. It is well tolerated with transient side-effects, the most common being skin dryness.

Because there is only minimal systemic absorption with topical treatments, this helps avoid some of the side-effects of long-term oral antibiotics.

Prevention tips

While the following self-help tips are not cures for rosacea, they may help sufferers to improve their condition.

Certain types of food and drink may worsen flushing in some people. By learning to identify their particular trigger foods, sufferers can help reduce the number or severity of

Common culprits include spicy, fermented, pickled, marinated or smoked foods as well as liver, yoghurt, cheese, chocolate, vanilla, aubergines, avocados, spinach, citrus fruits, tomatoes, bananas, raisins and

Rosacea victims should avoid drinking too much alcohol, especially red wine, beer, scotch, gin, vodka and champagne. They should also opt for decaffeinated tea or coffee.

Unnecessary exposure to the sun and wind should also be avoided and sufferers should use a high-protection sunscreen to avoid sunburn.

For reasons as yet unknown, stress can also worsen rosacea. Sufferers may find that feeling anxious, nervous or tense can bring on a flush. Once they know this is the case, they may find benefit in relaxation techniques.

Self-confidence

The way a person feels about themselves and the way they think they look can make all the difference between selfconfidence and insecurity.

For anyone with a condition which affects their face, the problem of self-image can be a serious one. If someone has a flushed, red, spotty face they may feel that everyone else is aware of it and finds them unattractive as a result.

Rosacea sufferers should be counselled tactfully and discreetly and they should be encouraged to report their condition to their doctor if they haven't already done so. Only by early detection and

effective treatment will the

Skin care advice for rosacea sufferers

The following tips will help rosacea sufferers look after their

Cleansing

 Avoid rough cloths, astringents and harsh soaps that cause stinging

Apply soap with a soft, natural sponge
Remove all traces of make-up at night by washing the face with tepid or cool water

 Use a gentle, fragrance-free cleanser containing no graininess, alcohol or witch hazel

Ávoid toners or astringents which might irritate the skin After cleansing, allow the skin to dry for 30 minutes before applying treatment

Moisturising

 Always apply a moisturiser after cleansing Choose a moisturiser that suits the skin type

Protection Use a high-protection sun cream in the Summer to help prevent any reddening being made worse by sunburn

Use a correcting, pre-foundation base to counter skin

redness

Apply a light, fragrance-free cover-up to hide blemishes Avoid applying blusher to the affected areas of the cheeks Play up facial assets such as the eyes and lips to draw

attention away from flushed areas.

There are several other causes of facial reddening apart

from rosacea including:

• Weather exposure — Too much sun and exposure to strong winds, for example, as often seen with outdoor workers such as farmers, can cause wrinkling, reddening

and thickening of the skin
 Alcoholic flush — The ruddy complexion often seen in heavy drinkers may be mistaken for rosacea

 Acne vulgaris — Here the pustules and papules are associated with comedones (blackheads) and cysts, which is not the case in rosacea

Seborrhoeic dermatitis — In this condition the skin becomes dry and flaky, particularly around the nose and under the eyebrows

 Perioral dermatitis Tends to be restricted to the area around the mouth

Systemic lupus erythematosus (SLE) — Characterised by a butterfly-shaped rash over the cheeks and nose, but is usually accompanied by other symptoms such as joint pain, fatigue and muscle weakness.

On May 23, an open day is being held to bring together sufferers of rosacea, health professionals and other experts in the field. The venue is the Chelsea Old Town Hall on the

King's Road in London.
In conjunction with the open day, health professionals are being offered a complimentary pack of materials on rosacea including a poster, treatment guide and self-help booklets.
To request a pack, write to Red Face Day Organisers/
Pharmacist Offer, Brigade House, 8 Parsons Green, London SW6 4TN or call 071-371 5044.

effects of this common condition be reduced, allowing sufferers to hold their heads high, once more.

Help and advice

For help and information relating to their condition, rosacea sufferers can phone the Rosacea Information Line (tel: 081-466 7344).

Alternatively, the following organisations also provide a range of advice for rosacea sufferers:

 The Acne Support Group 16 Dufours Place **Broadwick Street**

London W1V 1FE.

 Beauty Care and Cosmetic Camouflage Service British Red Cross 9 Grosvenor Crescent London SW1X 7EJ Tel: 071-235 5454.

 Changing Faces 27 Cowper Street London EC2A 4AP Tel: 071-251 4232.

(Additional information is available from the Acne Support Group and Sandoz Pharmaceuticals)

Will 2-in-1

Since Wash & Go was launched in 1989. 2-in-1s have earned themselves a place in haircare history. Five years on, Anna Evangeli takes a look at what has changed and the current position of intensive conditioners in the market

There was a time when we used a shampoo to get rid of the week's grime from our hair. Then the marketeers taught us to use conditioners to add shine, body and vitality, whatever that might be.
Ever-careful of those valuable

'wasted" minutes in the bath, shower, or bent over the sink, we were later brought 2-in-1s together with that catchy ditty: "Taking two bottles into the

shower ...?"
Now the tables have turned and the sales of 2-in-1s have levelled off. We are, apparently, turning back into a nation of separate shampoo and conditioner users, at least that is what Andy Routley, Elida Gibbs' haircare category trade

manager, says.

Setting the trend
When arch-rivals Procter &
Gamble launched Vidal Sassoon Wash & Go in the UK in 1989, its sales pushed Elida Gibbs' Timotei off the number one slot

within two years.
"They virtually came from nowhere to grab well over a third from the overall shampoo market and they stole from what were regular beauty shampoos. Timotei is a regular beauty shampoo and remains that, " says Mr Routley.

That single product created this country's 2-in-1 market, prompting the launch of more combination products, both from other branded manufacturers and own-label manufacturers. According to Helen Grant, Wash & Go's product research manager, it now competes with more than 20 other 2-in-1s. Elida Gibbs themselves followed suit with

the launch of Dimension. But those days of exploding sales seem to be over. Last year, 2-in-1s brought in sales of £85 million, with the same expected this year. A year on from that, sales are set to drop slightly to £84m; these Elida Gibbs' figures were the lowest estimates collected. But taking into account price rises, this actually means a volume drop, says Mr Routley

And it is partly for this reason that Elida Gibbs delisted the Dimension range at the end of last year. "Consumers were voting with their feet and were not buying it. We don't want to be supporting a proposition that is unprofitable for us and retailers.

The reasons why consumers do not seem to be reaching for the 2-in-1 bottle in such large numbers are as varied as they are complex. Residue build-up, over-conditioning, underconditioning, incompatibility with perms and colours are some of the allegations aimed at the 2-in-1s. Adverse comments from some hairdressers have compounded the problem.

P&G place the value of the 2-in-1 market at £91m, £6m higher than Elida Gibbs' fighting keenly for. Flying in the face of criticism, they are relaunching Wash & Go, reformulating it for individual hair types. This is said to deliver tailored amounts of conditioner, depending on the variant.

Changing attitudes

But Mr Routley points the finger at changing attitudes for flat 2-in-1 sales. "2-in-1s basically were a phenomenon of the late '80s and they presented the consumer with a very convenient option.

With the turn of the decade came a return of what must be the haircare equivalent of Back to Basics — using a separate shampoo and conditioner. 'People are fed-up with doing things on a compromise or a convenience basis."

It is a view shared by Helene Curtis, manufacturer of Salon Selectives and Finesse.

It is a thought that even P&G have taken on board. Their original adverts homed in on the convenience of Wash & Go. The new ones, however, focus on the Vidal Sassoon branding to link the shampoo with quality haircare.

"Beauty shampoos are where it's really at," Mr Routley says. Last year's sales in this sector aloné reached £99m and will break the £100m barrier to sell £115m by the end of 1995.

Beauty shampoos, however, are unlike the shampoos of old. Today's magic liquids do not only clean the hair for that Saturday night out, they have added qualities. According to Mr Routley, apart from the instant "the but" oldered. instant "beauty" element,



today's shampoos offer an investment-for-the-future type beauty — exactly the line skin care manufacturers use.

There is even better news for conditioners. "While shampoos are growing very, very healthily, conditioners are really exploding," says Mr Routley. Last year's sales were £67m, growing to £74m this year and £78m next (Elida Gibbs).

Intensive needs

And it is the intensive end of the market that is picking up and is expected to generate sales of £21m by the end of the year, £23m by the end of next (Elida Gibbs). With many of the major players including intensives as part of their line-up, they are already being given a boost through range

advertising.
"Historically, there has been a very clear link between 2-in-1 usage and intensives," says Mr Routley. "People will

compromise six days of the week and on the Sunday, they'll take a conditioning boost.

"But the problem we have with intensives is that penetration remains very low and we have got to bring in new users into the market.

"Probably only one in ten use intensives and when you consider that 95 per cent are using a shampoo, there's a huge room for improvement."

There are two reasons why pharmacy is the perfect environment for intensive conditioners, says Schwarzkopf's UK marketing manager, Tony Risso-Gill.

Because of the different variants, choosing the right one may take some time. "Everybody feels a bit of a wally when they are just hanging around waiting for a prescription," he says. What better than to use that time to

Continued on p770

Continued from p769

peruse an interesting haircare display? Grocery customers, on the other hand, are generally in a rush, buying haircare with their weekly shopping. In this sector, Schwarzkopf's Supersoft hairspray brand does well.

Pharmacy customers also match the customer profile of their Gliss Corimist range, he says. Rather than targeting any particular age group, the company has looked at hair type — namely dry, damaged, permed or coloured hair. This, he says, typically lands in two age groups, the young and the old which, according to Wella, is just the age bias of pharmacy customers.

But with the huge array of intensive conditioners available, consumers have every reason to be confused; there were 79 different packs at the last count, says Mr Risso-Gill. Elida Gibbs' Mr Routley says:

"The research we've done has suggested that consumers recognise the lowest form of intensive conditioning is in a tube. That then graduates to a pot. So if you want something a pot. So IT you want something a little more curative, it'll be in a pot. Then, from a pot, you'd probably go for a serum."

But Schwarzkopf's Mr
Risso-Gill disagrees. "Some people say there is a connection labeling and some people with the service and services."

between pack type and consumer perception] but it is not very black and white. Where would you put large tubes in the hierarchy? Or sachets?"

Marketing hype? But how bad does consumers'

hair have to be before they plump for a serum or is it a case of the hair hypochondriac? "If they think they've got particularly weak or brittle hair, they would use something like a serum to correct that need,"

Mr Risso-Gill agrees that customer need came first which prompted product development. "If you went back to the '80s, you could probably develop a product which created consumer demand. But the consumer is much more sophisticated these days. If you tell them they've got a problem, they won't respond.'



Directions from Lady Jayne

There was a time when brushes were only found on dressing tables and combs in back pockets. C&D shows how that has all changed

Brushing

The average woman has as many as five or six different types of hairbrush. To an extent, that number is determined by her lifestyle.

For example, working women are likely to keep brushes at work, in handbags and sports bags as well as in several places around the home. And those with children replace them more often, simply through loss and partners "borrowing" them.

These are just some of the findings from consumer research carried out by Laughton & Sons for their Lady Jayne brand, which also pinpointed the hairdresser as a valuable reference source for haircare advice.

Trying to recreate an expensive hair cut often extends to following the hairdressers' recommendations or even buying similar "tools of

But less frequent visits to the hairdresser also boosts hairbrush sales, with women spending more time and money either maintaining styles at

home or creating their own. Fashion and experimenting also play a part in choosing hairbrushes, going some way to explaining how different age groups buy brushes.

Of the £30 million-plus a year that consumers spend on hairbrushes and rollers (Denman) it is younger women who are willing to pay more and to be more discerning when it comes to picking a brush. Older women, on the other hand, tend to pay less and demand less from their brush.

Brush type

But with all the different types of brushes, it is easy for both consumers and retailers to be confused. A brush that is suitable for de-tangling long hair is not always the best one to use for blow drying short wet hair. Which one to choose from radial, half radial, rubber pad, rubber cushion or vent brushes?

Then there is the question of the type of bristle, be that nylon, polythene, wire pins, or widely or closely spaced bristles. The same confusion applies for - tail, dressing or afro combs combs?

This is just some of the information available on a free updated A5 leaflet from Lady Jayne. It opens out to poster size to provide both pharmacy assistants and consumers with a handy reference point on everything from choosing a hairstyle to suit your face to matching your hair type to a

Merchandisers

Also from Lady Jane earlier this year came merchandiser units planned to give the greatest turnover for pharmacists. Their merchandisers now appear in over 1,000 independents.

This was followed by the launch of Directions, a range of 15 professional-style brushes. Pincushion, grooming, vent, standard radial and slim radial brushes are all displayed in a black and red display box which is available for £31.19 to the trade (rsp £53.91).

Other products introduced in April include large, medium and small paddle brushes (rsp £2.99, £2.49 and £2.25) which come in red, white and blue.

Improving distribution

Denman hope their improved pharmacy distribution deals will boost sales in a static market. Their brushes are now available through AAH Pharmaceuticals and Unichem, as well as other sundries wholesalers.

Newest to the Denman fold are their Hyflex vent brushes retailing at £2.99. These will be followed by more launches later this year which will be supported by national and women's Préss campaigns.

G.B. Kent & Sons have extended their Colors range with the introduction of Travel Hog (£2.45). Variants in red/ purple, black/white and purple/ jade are 12cm × 6cm and are displayed unpackaged.

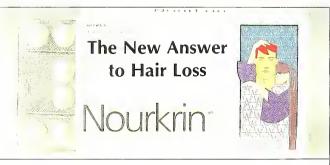
Handbag-size

They have also launched the Mini Headhog — the handbag-size version of the existing Headhog — with cushioned, ball-tipped quills (rsp £2.95).

It comes in yellow/blue, green/red and pink/blue as part of the Colors range and is tortoiseshell, black or blue as

part of the Style range.
Kent's comb selection has benefited from the addition of Fork and Paddle combs.
The Fork is a handmade

tortoiseshell comb with five fork-shaped picking teeth (rsp £3.75), while the Paddle is pink/gold (rsp £1.95) to match the existing Paddle brush.



SCANDINAVIAN BREAKTHROUGH FOR HAIR LOSS Important new OTC dietary supplement developed from natural marine extracts, vitamins and minerals and extensively tested by the Department for Dermatological Research in Helsinki with excellent results. Very rapid sales growth in Scandinavia – now launched in UK.

NOURKRIN tablets, 60 per box, £44.95. Tel: 071-223 1665.

PHARMA HEALTH & BEAUTY, P.O. Box 3379, London SW11 3ED.

Black beauty

Although mainstream haircare manufacturers are waking up to the power of the "black pound", specialists are busy sourcing black-specific products from the US

It is no wonder that mainstream manufacturers are being lured into the black haircare market when they learn that it is to grow to a staggering £50bn worldwide by the end of 1997 (Austin Knight, The Black Consumer Survey).

Revion, for example, have launched ranges already popular in the US to the UK consumer. But their Realistic extra conditioning haircare range and Fabulaxer hair relaxer are only available in selected Boots.

It is the specialist black haircare supplier that is really making inroads. One example is Dyke and Dryden, who have been distributing such products for 29 years. Managing director Anthony Wade puts his success down to the "unwillingness and arrogance of mainstream manufacturers and retailers to look at the Afro Caribbean haircare and beauty industry as a viable market".

His allegations seem to be borne out by flicking through the pages of the UK's black beauty Press. The number of products from mainstream



Palmer's treat the frizz

manufacturers can be counted on the fingers on one hand. What predominates is the huge variety of relaxers, moisturisers, extension shampoos and texturising creams from the US, distributed in this country through the likes of Dyke & Dryden, Afro Cosmetics Wholesale, Afro Wholesale Company (Leicester) and Dooa Afro Cosmetics. UK consumers are also more

aware of what is happening across the Atlantic with the growing number of US beauty titles available over here.
Blacktress and Sophisticate's Black Hair are just two examples.

Dry and brittle

The fact that black hair tends to be dry and brittle has opened the doors for products particular to the market.

Palmer's, for example, have their Hair Success Treatment, an anti-breakage formula containing protein, vitamin E and biotin in a waterproof emulsion, said to be unaffected by both perspiration and humidity. It comes in 2oz, 4oz and 7.5oz jars (£2.56, £3.73 and £7.10), as well as a Lite formula in a plastic 3.5oz tube (£3.69).

Their Frizz Treatment (£3.99, 59ml) is a hair serum containing vitamin E and a sunscreen that creates a smooth and shiny finish. Also in the Frizz range is a setting lotion (£2.99, 8fl oz) that comes with a free comb for a limited period.

Coconut oil has long been used in both skin and haircare

Afro Hair and Beauty Exhibition

Europe's widest choice of black beauty products will be on show at the 12th Afro Hair and Beauty Exhibition.

May 29/30 are the dates to watch out for when both the trade and consumers will descend on Alexandra Palace, London. More than 70 exhibitors

with a collective range of over 600 product lines will be

Trade visitors will be admitted at 9am on May 29, three hours before the public. On the following day, the show will be open to everyone from 10am. It closes at 7pm on both days

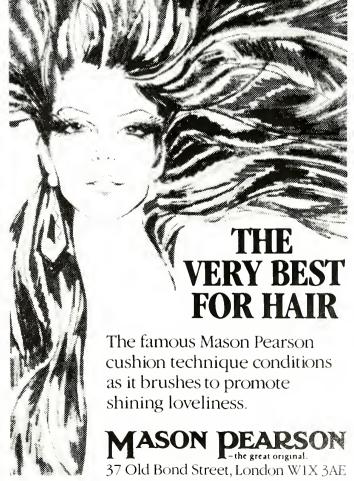
Ticket prices are reduced to the trade — £6 in advance or £10 on the day. The ticket hotline is 0839 122044.

products. Palmer's have formulated it into Coconut Oil Formula conditioning shampoo (£1.85, 8oz) for dry, damaged hair. There is also a conditioner containing olive oil, vegetable oil, vitamin E and Janolin as well as coconut oil (£1.80, 4oz and £2.89, 8oz)

Inecto have formulated hair dyes especially for the black and Asian market. Inecto Super Black is a permanent cream dye applied directly to dry hair.



Telephone (0602) 309319 Fax (0602) 440349



What's new?

Best sellers, launches and how they will be supported in 1994







Brands

All Clear, Cream Silk, Harmony, Pears, Sunsilk, Timotei

Best sellers

Shampoo (Timotei £17m); conditioner (Timotei £348,000); hairspray (Harmony £10m); colorant

(Harmony £6.3m); styling agent (Harmony

c£4.5m)

Procter & Gamble

Helene

Elida

Gibbs

Vidal Sassoon Wash & Go, Vidal Sassoon Salon Collection, Head & Shoulders, Pantène

Salon Selectives,

Finesse

Wash & Go (10pc market (5pc)

share); Head & Shoulders

Vidal Sassoon Wash & Go and Salon Collection repacked and relaunched, four Pantène styling products this month

New products since May '93

intensive conditioner; Harmony

colorants repackaging; Pears

Pure shampoos relaunched

Timotei Minerals; Timotei

Salon Selectives. "Sales trebled in '93.'

Salon Selectives styling range relaunched October '93 including introduction of six mousses, two unscented aerosol hairsprays and new packs for existing non-aerosol hairsprays and styling sprays. Handbag-sized hairspray introduced March '94

Colour Confidence, Soft Hairspray (Silvikrin Colour, Wash Out £20.3m); shampoo Colour, Shaders & (Vosene £8.4m); styling Toners, Hair Streaking agent (Shockwaves gel Kit, Hair Lightener, £5.4m); colorant (Colour Colour Set, Softly Confidence Blonde, Restoria, £4.4m) Silvikrin, Bristows Amani, Vosene, Wella Balsam, Shockwaves

Bought Smithkline Beecham brands; Colour Confidence and Wash Out Colour relaunch; Shockwaves Firm Hold Ultra Strong Gel; three more colours in Colour Confidence range; Silvikrin Nourishing Mousse; Shockwaves Real Gel Spray; Wella Balsam Revitalising and Replenishing Hair Therapy

Nice 'n Easy, Loving Care, Lasting Colour by Loving Care, Glints, Born Blonde, Highlights

Nice 'n Easy (£11m)

Loving Care and Nice 'n Easy relaunches, Lasting Color launch, Ultress permanent colour to be launched this year

Performance, Elseve, Elnett, Energance, Free Style, Studio Line, Casting, Recital, Twice as Lasting, Velvet, Neutralia (Laboratoires Garnier)

Flex, Hair Treatment

Shampoo (Performance), conditioner (Elseve), hairspray (Elnett)

Elseve launch, Performance relaunch, three Free Style variants, three Studio Line Touch-in variants, Neutralia toiletries range containing shampoos

Flex shampoo (£6.5m). conditioner (£5.6m), Flex & Go (£3.9m), hairspray (£1m), mousse (£1m)

Hair Treatment range of six products with one more to be added July '94, 14 more Flex products plus protein-enriched variants (pink bottles)

Schwarzkopf Gliss Corimist, Once,

Paletta Touch of Silver, Supersoft, Batiste

Gliss Corimist in pharmacy (9pc market share)

Gliss Corimist repackaged November '93

All information based on data supplied by manufacturers and all sales calculated at rsp

e&oe

Shampoos and conditioners

 Henara have launched Deep Cleansing Shampoo (£2.89 150ml tube) and two Leave-in Conditioners, one with camomile for light hair and the other with horse chestnut for dark (£1.99 200ml). The whole Henara range will benefit from a £1.2 million Press campaign.

 Crabtree & Evelyn's latest products contain botanical extracts (rsp £4.50). There are apricot, herbal and camomile shampoo/conditioners: a frequent wash shampoo; a citrus shampoo; and an almond conditioning shampoo.
• Retailers should be on the

look out for Neutrogena money-off coupons after a promotion that finished at the end of last month.

Consumers were given a free sachet of shampoo and a 75p voucher redeemable against any Neutrogena haircare product. Other promotional activity includes the repetition of last year's television advert about haircare product residue throughout the rest of the month. It will appear on regional television, but not in the Anglia region or on Channel 4.

 Botanical Hair Treatments are now available in the UK after success in the US. Variants include: Strawberry Creme, Apple Nectar, Therapy and Hawaiian Ginger shampoos (all £3.99, 16fl oz); Apple Nectar and Humectant conditioners (£3.99, 16fl oz); Humectant Plus

(£3.99, 170g tube); Hot Oil Treatment (£3.79); Hair Infusion (£3.99 16fl oz). Also part of the range are four styling agents, each at £3.79 for 16fl oz.

 Blackmores Protein Hair Spa is a new leave-in concentrated moisture treatment containing pro-vitamin B5 and essential oils (£3.99, 60g pump). They have also launched an Apricot and Jojoba Hot Oil Hair Treatment (£4.99).

 Weleda have packaged their latest shampoos in a tube. Rosemary, chestnut and calendula shampoos are £3.75 (trade price £2.06). Their entire range is available for £66.12 (rsp £114.90) with a free counter/shelf merchandiser containing six of each shampoo and 12 bottles of hair lotion (rsp £3.95). As part of an

Marketing support '94

Timotei (£4.5m ad spend), Harmony (ad details in Summer), Cream Silk (ads "unlikely"), Harmony Colour (buy two or more, get a Sensiq lipstick free, plus colour match chart), Pears shampoo (whole Pears Pure Care range ad spend £3m including TV ads), 225ml for 200ml and 350ml for 300ml price offers alternating between Timotei, Harmony, All-Clear and Cream Silk

Ordering

Own reps calling on "Focus" customers Elida Gibbs

Vidal Sassoon (sponsored London Fashion Week, further promotional plans to be finalised but will include ads focusing on Vidal Sassoon branding for Wash & Go rather than convenience), Head & Shoulders (£3.5m ads to run to end of '94 plus more promotions to be announced in Summer), Pantène (not available)

Finesse (liquids at 99p special offer, pharmacy only, TV ads from January for shampoos and conditioners, radio ads from February for styling aids), Salon Selectives (TV, radio and magazine ads broke in January for liquids and styling products)

Own reps call although also available directly from wholesalers

Procter & Gamble

Transfer orders via Chemist Brokers

Via rep or direct

Helene Curtis

Wella



Shockwaves (cinema ads started March with radio and youth Press ads through Summer, twice daily bursts of Shockwaves-branded news and views on 11 FM radio stations in the "homework slot" for youth audience, Vosene (£1.8m TV ads from May 16), colorants (coupons and D&P offer from promotional magazine inserted into three national papers in February, circulation 6.5m)

Colorant training programmes for selected pharmacies, on-going coupons and consumer education leaflets, advertorials, Ultress TV

Elseve (£3.5m campaign), Performance (Press campaign started

Spring '94), Neutralia (TV and Press ads started end of April,

sampling too), promotions on all brands within 12 months

Via own reps o

orders

Via own reps

taking transfer

Clairol

Via own reps or transfer orders L'Oréal

Revlon



TV ads for Protein-Enriched range form "a focal part" of £2.5m campaign, featuring Cindy Crawford and Claudia Schiffer, which started March 7 and will be repeated in the Autumn. Radio ads will be in three bursts across the year. Promotions include linking Flex Classic with a "major FMCG brand" and a Flex Treatment

£3.5m promotional spend, mostly national TV ads for Gliss Corimist running until October, but also advertorials in women's and hair Press Independent pharmacies and wholesalers with under 32 outlets are serviced by Jenks, either ordering directly or through transfer orders

Reps taking direct or transfer orders

Schwarzkopf



introductory promotion, the haircare unit is available free with the new Almond skin care merchandiser for £93.18.

 Carter-Wallace have launched Linco Beer 2-in-1 shampoo in a 150ml tube (rsp £2.29). There are coupons and a two for the price of one promotion.
 Tisserand's 3-in-1 shampoo is

a gel shampoo with conditioning agents and essential oils (£3.95, 150ml).

Colorants and perms

ads to come

promotion

 Numark have added a hair colorants planogram to their A-Z manual which selects the best sellers in each brand.

 The home perming kit Pin-up has been bought by Fine Fragrances & Cosmetics and is being distributed by Robinson Healthcare. The new owners plan to increase its profile with consumer advertising planned for the second half of the year.

 Poly Style perm brands will be boosted by advertorials and on-pack promotions this year, especially in the Autumn.

Hair loss

 Nourkrin from Pharma Health & Beauty is now available in the UK as a food supplement with natural marine extracts.
 Consumers take two tablets daily over six months. After this, they take a tablet a day. One month's course retails at £44.95.
 Advertising is planned.

 Kevis Lotion and Shampoo is also for hair problems. The lotion is £11 (rsp £19.50) for a 12-phial pack whereas the shampoo is £3.20 (rsp £6.50) for a 125ml bottle.

Also part of the range is Hair Formula, 20 vitamins and minerals (£3.90, 50g tub); B-Calm, 18 vitamins and minerals (£3.90, 50g tub); and Romanda hair thickening spray (£8.90, 200ml can).

• Pil-Food, the nutritional supplement for hair, has been repackaged in blue, red and yellow. A blister pack replaces the existing bottle and loose capsules. A 100-capsule pack sells at £19.95, while 40 capsules are £12.45.

 Cantassium Hair Nutrition Naturtabs contain biotin, panthenol and other vitamins to "revitalise and promote healthy and luxurious hair" from the follicle." A pack of 60 is £4.45.



Taking stock

Most community pharmacies in Britain have shelves packed with products that do not earn a penny in profit and far too many pharmacies make virtually nothing out of the front shop. Of course the business generates a worthwhile net profit, due mainly to the dispensary earnings, while the counter medicines turnover and profit disguises the fact that the rest of the front shop is a liability

Retail pharmacy is in fourth place behind food multiples, major pharmacy multiples and drugstores in markets they once dominated: haircare, personal hygiene, dental care and toiletries. Even strong pharmacy markets — skin care, baby care and fragrances — are going the same way

Over the years, the fight back has been admirable, but too often insufficient to halt the tide. Shops have been enlarged, symbols adopted, prices cut and ówn-label vigorously sold. These are not the wrong tactics, but employing them alone is like mending the holes in a leaking bucket with sticking plaster

Retail pharmacies in such a position need to change course and to market themselves efficiently by building profitable sáles. More regular customers will walk through the front door and more profitable sales will be generated if the pharmacy stocks and sells the right products for the population that the business serves.

Which products are right? Which of the products already stocked are wrong? What do the local population wish to buy from my shop? And, when I have the answers, what do I do with them?

First, it is important to know who your customers are.

Local population

Details of the age group, sex and customer type can be gathered by you and your staff in a week or two and recorded on a check list by each till (check list 1). Naturally you will not be asking questions; it is purely based on observation and the identity of customers is

not important.

To gather data on points beyond this you need to sit down with a map, local population statistics of the area served and a person who has a wide local knowledge. Failing this, get in the car and drive around, making careful notes of what you see. Examples are housing types (private/rented/council); large detached, detached, large semis, semis, terraced, flats, etc. Do not forget industrial/office/retail establishments and size.

Population split

774

Using your own local knowledge, split the population into identifiable categories. This

Is it time to change course? If so, knowing what sells and who your customers are will help you to choose the correct path. In the first of a two-part series, consultant John Kerry shows what you can learn from

asking the right questions and then putting the answers to work

could be: age/family groups, for example, young couples with or without children, babies and schoolchildren; mature families; or pensioners. Work or occupation could also be used professional, commuters, local industry employees, shop/ business employees, housewives, unemployed or retired.

Other establishments which can have an effect on the retail business include hotels/ boarding houses, nursing/ residential homes, hospitals and medical practices.

Know your competitors

List all competitors in the area or within driving distance, but not just other pharmacies. Include drugstores, supermarkets, health food shops, variety stores, market stalls, beauty shops, multiple stores, etc. Beside each shop, comment on their trading stance and main competitive activity. For example, own-brand skin care competitive (check list 2).

Know your own shop

Keep a pad by each till for every member of the staff to jot down products or brands

requested by customers and not stocked.

Organise a week when your staff make a point of asking 10 or 20 customers each, every day: "What products or brands do you wish that we stocked?' or "What pharmacy or healthcare lines do you have to regularly buy elsewhere?"

What do they sell?

You need to know what your competitors sell in any volume. This is best done by observation and the best people to do it are your staff during lunch breaks or on their half days.

If one of your busier competitors has a large health food section or skin care department, you need to know. If new products are being stocked and sold by others, you need to know. This research should be done regularly and continuously.

New products and test marketing

The data gathered under the "population" and "competitor" section will assist greatly in assessing possible demand, but simple market research to support these is vital.

You can start with street research which is not as daunting as it sounds. The local sixth form college or business

school may well be approachable and would welcome a hands-on project.

You need to know a) what products/brands are not available locally and could be sold by a pharmacy, b) products/brands in high demand but stocked by only one shop, c) products/brands that are difficult to buy anywhere.

Removing products

Using stock record cards or EPoS, run down or remove from sale any lines not turning over well enough to earn a profit.

You can do this by simply eliminating any line selling less than once or twice a month, or by calculating sales per linear foot of shelf space. Lines falling below a certain level, £4 per foot per week, for instance, get the chop.

Cutting back

Certain products will be found in the exercise above which are regarded as "essential" for one reason or other and so cannot be de-listed. The stock and facings of these should be reduced and only repurchased in minimum quantities.

These two steps, if carried out correctly, will free up a lot of important shelf space.

Once you have this data or a

good proportion of it, you have also got valuable management information on which to base your decisions about "new directions''

This information is by no means complete, but the chances are it is better than any of your local competitor's data.

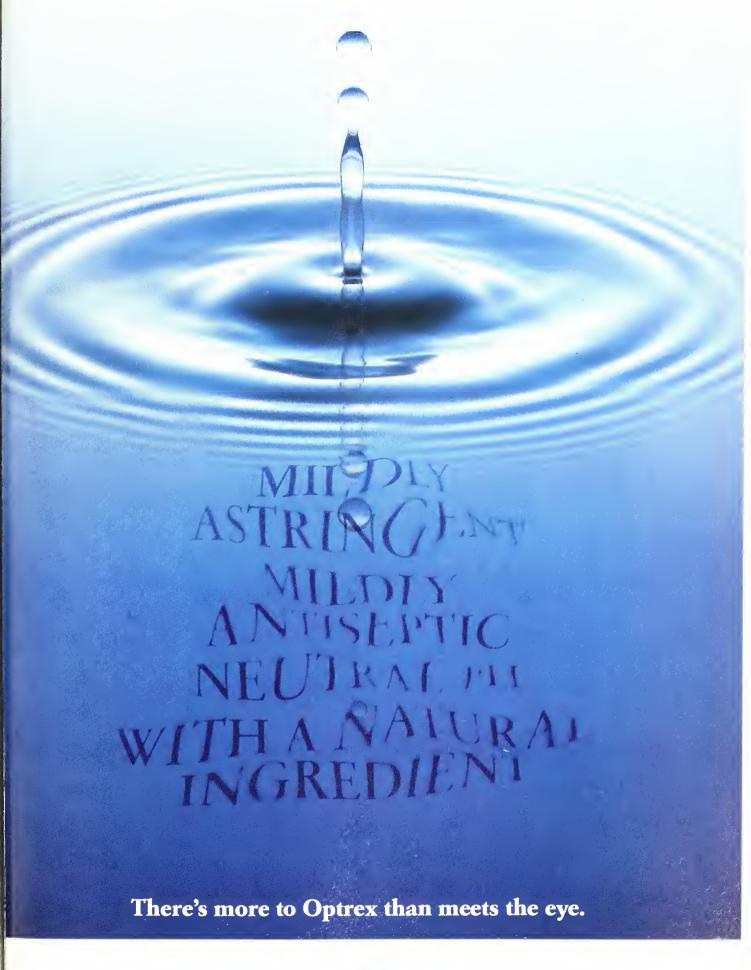
How to use all this information will be covered in the next article.

			AGE	GROUP			
Male/Female	Under 21	21-35	35-45	55-65	65 +	Patient	Customer
			-				

Check list 1: Complete a line for every customer/patient

]		
COMPETITORS			
BUSINESS NAME			
a. Business Category			
Distance from Pharmacy			
b. Style			

Check list 2: a) Pharmacy, drugstore, multiple pharmacy, convenience store, variety store, multiple food, market stall, specialist shop, health food shop; b) up-market, middle-market, down- market, aggressive, passive, wellnatronised, etc.



PRODUCT INFORMATION: Optrex Lotion and Drops: Solution containing distilled witch hazel B.P.C 13.0% v/v. Preserved with benzalkonium chloride 0.005% w/v in a solution buffered with borax and boric acid Uses: For the relief of minor eye irritations caused by dusty or smoky atmospheres, driving or close work. Dosage and Administration: Lotion: Bend head slightly forward, apply the eye bath, ½ full, and rock the head from side to side for at least ½ minute keeping the eye lid open. Use as often as required. Drops: Gently squeeze 1 or 2 drops into each eye. Contraindications:



Hypersensitivity to any of the ingredients. Not suitable for use whilst wearing hydrophillic (soft) contact leneses. Side Effects: May occasionally cause hypersensitivity reactions. Packaging Quantities: Lotion. Bottles containing 110ml and 300ml. Drops 10ml and 18ml. RSP: Lotion 110ml with eye bath £2.75. Lotion 110ml £2.35. Lotion 300ml with eye bath £3.99. Drops 10ml £2.25. Drops 18ml £2.85. Legal Category: Lotion: GSL Drops: P Product Licence Number: Lotion 0062/5000. Drops. 0062/5003. Product Licence Holder: Crookes Healthcare Ltd. Nottingham NG2 3AA. Date of Preparation: April 1943

The vision of the future

RPSGB Council Candidates — more from them...

Last week we published letters from RPSGB Council election candidates Linda Stone and Dr Hopkin Maddock (p724). This week we have letters from Hassan Argomandkhah, Greg Sargent, David Sharpe and Allen Tweedie.

RIP, not dead, but alive with candidature

Thank you for this opportunity to write through your columns to the electorate at this year's Council elections to outline the policies that I will be pursuing if I get elected to the Council.

It is nearly two years since I started my campaign for fairer treatment of independent community pharmacy by forming Rescue the Independent Pharmacist (RIP).

In the past, the Council of the Society has wrongly or rightly been accused of wrong decision-making, mostly by independent community pharmacists. I believe this is mainly due to the lack of Council members with real practice experience (ie more than 40 hours per week) who the electorate can identify with, and who can understand the

highs and lows of running an independent community practice. There are well over 20,000 community pharmacists who work directly as proprietors, directors, managers or locums in the independent sector and if they want their interests served on the Council, then I hope that firstly they vote and then that they vote for me.

I believe pharmacy has had enough of committee men and what they want now is a committed action man to serve their interests. I believe the RPSGB does not promote community pharmacy practice to its full potential, mostly because the misconceived belief of the current Council that the public is already aware of it. I believe that the Society should be actively and continuously promoting pharmacy as it develops.

This is why I proposed a Pharmacy Week last year, to increase public awareness of the services available from pharmacy. I hope I will not be there to make sure it will be put on the back burner in the same way as other proposals, namely, the Community Pharmacy Group.

Hassan Argomandkhah Liverpool

Council team to change for brighter future?

As a practising community pharmacist, I well understand the increasing financial burden and workload of the NHS, with its ever-decreasing returns. Morale and enthusiasm are evaporating and there is growing depression about the future. My priority on Council would be the address of community pharmacy's future role and thus financial welfare.

Despite sweeping restructuring of the NHS, Council has failed to construct a time programme of transformation, developing the supply function into patient service, encompassing "therapeutic monitoring review" and "drug economy improvement".

Instead, we have witnessed the traditional obsession with inspection, more audit and more control. Council has failed to address the massive issues of professional development, political influence and creation of the new information packages and patient review systems, essential in equipping all members to move into fuller patient service and produce a

much improved remuneration package.

I have set out detailed proposals identifying the route forward and itemising new documentation by which to record the functions and claim payment. This is only a start. The new Council must be committed, properly motivated and capable of new conceptual thinking. It must be able to translate these attributes into a working plan by which to move forward and co-ordinate the input of the other pharmaceutical organisations.

Why should anyone believe that outgoing Council members seeking re-election could achieve that which they have already failed to do? We require new abilities and new commitment to achieve the new objectives set before us. Other professions are rapidly moving ahead into new roles, new influence and new rewards and reducing the options for pharmacy while Council fiddles with the fringe. I need your vote to ensure progress and initiate development of a worthy future for community pharmacy.

Allen M Tweedie Newcastle-upon-Tyne



Local voices, more canvassing, standards and audit, key to pharmacy

May I begin by thanking the editor for this opportunity to address you.

Figures from previous elections suggest that, of those eligible to vote, only 25-30 per cent will return their ballot papers. The reasons why seem all too obvious. Some pharmacists don't vote because they don't know the candidates. Others feel that, whoever they vote for, it will make no difference in the end. They will still feel unrepresented and remote from Council decisions. I can understand those feelings and I want to change things.

You deserve to know more about the candidates you elect. The Young Pharmacists' Group intend to submit a motion to the Society's Annual Meeting calling for RPSGB organised hustings and for greater freedom to canvass votes. I support that proposal and, when elected, will try to ensure its implementation.

You deserve, as well, a real voice on the Council. I will press for a system whereby each local branch of the Society has a

named Council member through whom their views can be expressed. And, so that those views are relevant, I will encourage greater publicity of what Council will be discussing before the decisions are made.

As to my other policies, you will know from the Candidates "Who's Who" that you received with your ballot papers that I believe in high professional standards and will encourage audit to maintain those standards. I strongly believe as well that we should promote a Patients' Charter for Pharmacy. Telling the general public about the high standard of service we provide is, I believe, the best way of promoting our profession.

If you haven't voted yet, please do so. Vote for me and I will put that vote to good use.

Greg Sargent King's Lynn

Quantify skills for successful outcome for pharmacy

Every day community and hospital pharmacists use their skill and knowledge to prevent hundreds, if not thousands, of medication errors. They identify adverse interactions and prescribing errors, and save the NHS money which would need to be spent in treating the consequences of these errors going unnoticed.

Every day community pharmacies use their skills and knowledge, providing health care advice and support for thousands of people. They assist them to maintain or adopt more healthy lifestyles and reduce demand on NHS resources.

Every day community pharmacists use their skill and knowledge in dealing with many common ailments, providing effective treatment for hundreds of thousands of people. They reduce demand on general practitioners, and thereby save the NHS enormous sums of money which would need to be spent in coping with that increased demand.

None of this is a surprise to any pharmacist. But where is the research to prove what we all know to be the case? The Department of Health demands proof of contributions of outcomes, from all sectors of healthcare. The outcomes from pharmacy are immense, but we urgently need to identify them.

The Society cannot fight for proper recognition without these facts. Armed with proof of our value it can work with other

pharmacy bodies to promote the cause of the profession with the Government far more aggressively and confidently than it has done so far.

The profession of pharmacy in a consumer society must develop customer expectations about the service and value of the pharmacy, and then must ensure that community pharmacists meet those expectations. It is the task of the Society to take the lead in establishing ambitious but realistic expectations, recognising the commercial pressures on pharmacists. It must also help pharmacists to maximise the potential of our profession.

David Sharpe London NW2

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3 Prescriptions on form

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national and regional press, together with merchandising support and regular promotional activity Bold new packaging has also been designed, which will stand out strongly on shelf. It will complete the education process by carrying detailed information on how the different products can be used. Savlon provides solutions for a multitude of skin problems. In fact our understanding of the market is a lot more than skindeep Your customers' understanding of Savlon is soon going to be a lot deeper as well. Make sure you're ready to capitalise on it.



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Businessnevvs

Unichem launch P-line pharmacy discounts and new health logo



Chief executive Jeff Harris at the wheel of a Unichem delivery van sporting the new "Delivering healthcare" legend that supports the arrow logo

Unichem now give ethical discounts and twice daily delivery on 400 pharmacy only medicines, and on "splits" as well as packs.

and on "splits" as well as packs.
From May 1 the qualifying thresholds for "eligible medical purchases" is up £250 to £3,100 (10 per cent off) while the next discount band remains unchanged at 11.5 per cent £14,000 to £50,000) — above £50,000, 10.5 per cent still applies. Glaxo and terminal

discounts remain unaltered. Monthly offers on OTC medicines do not qualify.

Unichem say the £1.25 billion OTC medicines market (a rise of 13.1 per cent in 1993) represents the biggest growth area for pharmacy with pharmacy only lines taking £468m, between February 1993 and 1994.

Jeff Harris, chief executive, says he understands the Department of Health will exclude P discounts from their ethicals clawback. "There is no point in racheting-up the clawback if no one is better off."

Mr Harris says Unichem believe pharmacists must capitalise on the medicines market in 1994, not just with POM to Ps, but with GSLs. "Moss have proved that it can be done."

Medicine planograms will be available from June based on Moss models. They can be tailored according to shelf space available and pharmacy location. Unichem expect their P medicine initiative to reduce pharmacy stockholdings and to make transfer orders less attractive, but to boost the monthly average OTC medicine orders from £500.

Unichem have started to advertise medicines in the consumer Press — clotrimazole and hydrocortisone, for example. All ads feature a new logo. "Delivering healthcare" has replaced the "Pointer to value" legend below the Unichem arrow, a symbol that came second to Boots in a survey of consumer recall. There is also a helpline number for consumers to locate their nearest Unichem pharmacy.

Only Goldpartners have received a countertop display unit that takes four monthly GSL and P promotional lines.

Seton buy Asilone

Seton are continuing their stream of acquisitions with Asilone, the old Crookes Healthcare indigestion brand.

The deal is for an initial £3 million in cash, but involves paying Crookes a proportion of sales for anything up to ten years.

Seton will also have the option to buy Asilone outright for at least £2.1m. This sum will be calculated on 1.5 times the highest consecutive 12 months' sales over the previous two years.

In the year to March 31, Asilone had unaudited sales of £2.27m and an unaudited gross profit of £1.22m before marketing, distribution and administration costs.

Boots say that this latest move was made to concentrate on their core areas of pain relief, eyecare, cough/cold remedies and skin care.

Seton Healthcare's latest acquisitions were six over-the-counter brands from Smithkline Beecham in March (*C&D* March 12, p439). They also bought five OTC brands from Napp last year (*C&D* December 18/25, p1106).

SB join managed care game

Smithkline Beecham have followed the lead set by another major pharmaceutical player, Merck, by joining the US managed care game.

They are on the brink of buying Diversified Pharmaceutical Services for £1.6 billion, who have a network of more than 30,000 pharmacies across the US offering reduced dispensing fees and drug cost discounts to Diversified customers.

Diversified look after up to 11 million patients who spent almost \$2bn on drugs last year.

SB and Diversified's parent company, United Healthcare, have also agreed to sign a minimum six-year alliance through which SB will have exclusive rights to disease management data from the 1.6m members of health management organisations owned by UH.

Sterling Winthrop for sale

Sterling Winthrop, Eastman Kodak's pharmaceutical and consumer healthcare division, is for sale.

This leaves the door open for Elf Sanofi to buy into the business. Bayer are also thought to be interested but, under the terms of the sale, Sanofi have first refusal.

Sanofi formed a strategic alliance with Sterling Winthrop in January 1992.

In a statement, they say: "Sanofi views this decision [to sell Sterling Winthrop] as an exciting opportunity to strengthen and enlarge the size and scope of its pharmaceuticals business."

Since Sanofi entered into the joint venture, both sides have begun integrating their ethical pharmaceutical and European over-the-counter business.

Sanofi add: "Kodak's announcement presents an opportunity to go to the final stage in merging the two businesses to include integration of the research function."

Sanofi have been looking at financing the possible transaction and have "begun a strategic review of their business units". Although they do not say which units are vulnerable, their focus will be on pharmaceuticals and warn of acquisitions and strategic alliances in the future.

Haliborange goes to Seven Seas

Seven Seas have bought UK and Eire marketing rights to the Haliborange brand of vitamins from Reckitt & Colman Products for an undisclosed sum.

Seven Seas corporate business director Alan Clements says that the company "was not very strong in multivitamins" and that the acquisition will plug the gap.

He adds that there are no plans for a price change and that the new brand will be sold alongside existing brands.

Describing Haliborange as a "household name with a

distinguished past" and "unique heritage", Seven Seas' managing director Clive Dixon sees it as a "logical acquisition".

Firstpharm in receivership

Firstpharm, the London-based wholesaler which grew out of I & N Rabin of London and Branded Goods of Stoke-on-Trent, are in the hands of the receiver and have suspended deliveries.

Firstpharm directors invited Natwest Bank to call in the administrative receivers late on May 3. Joint receivers, Dipankar Ghosh and Anthony Lomas of Price Waterhouse, were still assessing the company's situation at the time *C&D* went to Press to see if it would be possible to sell the business as a going concern. A number of interested parties have looked into buying the company.

Firstpharm was formed when John Baseley led a management buy-in to become chief executive almost exactly one year ago. His team paid £1.3 million for the full-line wholesaler Rabin and the over-the-counter specialists Branded Goods which later amalgamated to form the Firstpharm company.

Firstpharm had great plans for both their London and Stoke sites. They planned to expand their fleet of delivery vehicles operating from London from eight to over 30 in six months, as well as expand storage space.

Crookes to sell Farleys?

Neither parties involved would confirm rumours that Crookes had sold Farleys infant foods to Heinz this week. If Press reports prove to be true, this would be the second major shift in the babyfoods market in six weeks. At the end of March, Cow & Gate Nutricia bought Robinsons dry baby meals from Reckitt & Colman.

PMR update

Park Systems have upgraded their patient medication records system to provide extended prescription endorsements and a facility to overprint scripts. A range of information databases have been added to the system, including a free demonstration copy of vaccination and visa requirements for holiday makers. Existing version 6 users will be upgraded free of charge. Tel: 051-298 2233.

Nucare move on

Nucare, the pharmacy buying group that grew out of the Oshwal Pharmacy Group, have moved to Suite 2, 447 Kenton Road, Harrow, Middx HA3 OXY. Tel: 081-732 2772.

Shopfitting listing

The Shop and Display Equipment Association has issued the 1994/5 edition of its A-Z suppliers directory. Copies at £7.50 are available from the SDEA on tel: 0883 348911.



Pemberton Marketing's over-the-counter division (left to right): sales reps John Cluskey, Jody Walshe and Jerry Dempsey; sales director Robert Neilson; and marketing manager Karen Liston. They hope to expand sales in Ireland by four-fold

United Drug extend their OTC service

One of Numark's newest wholesalers, United Drug, are expanding into the Irish over-the-counter medicines marketplace under the banner of their Pemberton Marketing division.

This will boost Pemberton's consumer portfolio which presently handles photographic and cosmetics products.

"We believe the Irish OTC market is poised to grow rapidly in the near future," says Terry Buckley, Pemberton managing director. OTC sales in Ireland make up 14 per cent of total pharmaceutical sales, a figure that has remained static over the past five years. But he predicts that future deregulation will see the expansion of OTC sales by as much as four-fold over the next five years.

As well as distributing this new raft of products, Pemberton will also provide product and promotional information to pharmacists while promoting and developing brands for the manufacturers.

This will be achieved through United Drug's three regional distribution centres and fleet of 30 vans, which service both the Republic of Ireland and Northern Ireland.

Support for pharmacists will come from executive pharmacists David Butler and Michael Durcan; advice will come from pharmacist directors Marion O'Dowd, Michael Pettit and Gerard Flynn; Karen Liston will co-ordinate marketing activities for the new division; and three sales reps will report to Pemberton sales director Robert Neilson. There will also be input from 12 elected pharmacists on Regional Advisory Boards.

Pemberton Marketing already distribute Polaroid, Ilford, Canon and Pentax products; as well as Roc, Nina Ricci, Orlane and Mavala beauty products. Coming Events

YPG weekends

The Young Pharmacists Group has organised a series of weekend conferences running through the Summer.

Nottingham, focuses on communications
 training in communication skills and tackling the problem of communicating with NHS Trusts, FHSAs and GPs.

• Maidstone, July 2-3, examines integrated healthcare with the emphasis on dealing with mentally ill patients. Role playing sessions involving dealing with a schizophrenic patient will be backed with Liverpool pharmacist, John Donoghue, examining PACT data.

 Glasgow, August 21-22, looks at ways of improving asthma. Speakers include Clare Mackie of the Scottish Centre for Postgraduate Education and Graeme Millar.

• Leeds, September 24-25, looks at ways of improving the quality of life for diabetics.

• Belfast has a one-day conference on November 20 on whether pharmaceutical care is a myth or a reality.

Tuesday, May 10

South RPSGB, at Little Barrow Hotel, Lichfield, 7.30pm. Branch social dinner.

Thursday, May 12

Hull Pharmacists' Association at the Postgraduate Education Centre, Hull Royal Infirmary, 7.30 for 8pm (buffet). Joint meeting with the Yorkshire group, Guild of Hospital Pharmacists. "Modern Radiology & Magnetic Resonance Imaging" — Speaker: Dr R J V Bartlett, Hull Royal Infirmary.

European marketing

Three European marketing reports, two on pharmaceuticals, and one on vitamins and minerals, are available from European Advisory Services.

Marketing pharmaceuticals is covered in two volumes (£195) and introduces the new legislative framework.

The first volume covers labelling, advertising, importing and exporting, parallel trade and the need for Special Protection Certificates. The second volume then goes into detail, including the workings of the European Medicines Evaluation Agency.

Law and practice in marketing vitamins and minerals (£145) is covered in a separate report. For information, telephone EAS on ++322/218 14 70 or by fax on ++322/219 73 42.



Cancellation deadline 10am Friday; one week prior to insertion date Display/Semi Display £25 per single column centimetre, min 3x1 Box Numbers £10.00 extra. Available on request. All rates subject to standard VAT Publication date Every Saturday Copy date 4pm Tuesday prior to publication date.

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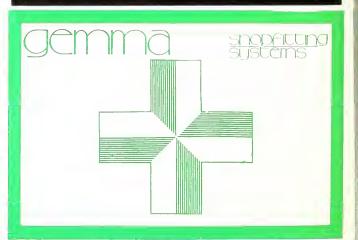


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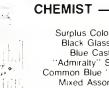
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IMPORTANT

Because demand for free "Business Link" entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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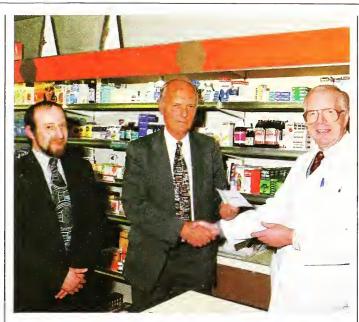
Bullous is new NPA chairman

Gordon Bullous (Newcastle and Tyneside) has been appointed chairman of the National Pharmaceutical Association Board of Management for the coming year. He succeeds Eddie Brown (Scottish Pharmaceutical Federation).

Wally Dove (South of England) becomes vice-chairman and David Thomas (West Midlands) retains his post as treasurer.

Mr Bullous was elected to the NPA Board in 1986 and is the current chairman of Gateshead LPC. He has run his Gateshead pharmacy for 20 years and has a third share in a pharmacy in a Felling Health Centre.

A practising Christian, Mr Bullous is Home Mission secretary for the Methodist Church. His son, lan, is also a pharmacist.



Belfast pharmacist Mr S. Wright (right) of James McDowell & Co, Newtonards Road, is the winner of this year's Covonia window display competition. He received details of his prize — a luxury weekend for two in Vienna — from representative Ivor Martin (centre) and customer services manager Bob Mayo

Paul Murphy has been appointed marketing manager with Davina Health & Fitness, maker of slimming, body-building and health and fitness products. He was previously an international product manager with Smith & Nephew in Hull.

Appointments

Premier Waters, owners of Evian and Volvic, have appointed **Gordon Corbett** as commercial director.

Homoeopathic manufacturer Nelsons have appointed **David Wright** as national sales manager. He joins from Crookes Healthcare where he was trade sector manager.

Martindale Pharmaceuticals have appointed **Derek Bryant** as operations manager. He comes to the company after many years of production experience at Cilag.

Obituary

Roger King, managing director, Lichtwer Pharma UK Ltd. Roger, 49, passed away peacefully in his sleep on Saturday, April 23, while receiving treatment in hospital for cancer, complicated by the recent development of pneumonia.

Roger Dyer of Fulcrum PR writes: "Roger had spent his entire career in the sales and marketing of OTC medicines and toiletries, including such international brands as Alka-Seltzer and Neutrogena. In 1989, he launched Kwai garlic tablets into the UK and, due to his innovative marketing strategy for the product, contributed largely to enormous growth in the garlic supplement market in recent years. Roger was a popular figure in the pharmaceutical and health food industry and had been an active and supportive member of the Health Food Manufacturers' Association (HFMA). He was also an enthusiastic golfer and cricketer, and had a keen interest in ice hockey.

Roger was buried on April 29. He is survived by his wife Wendy, son Robbie and daughter Kate.

The family has requested that donations in his memory should be sent to the Scanner Centre Appeal, Great Missenden Funeral Services, 106 High Street, Great Missenden, Bucks HA16 0BE.

Devon racer struggles to find form

Devon pharmacist Paul Dishman was struggling to find his form on Bank Holiday Monday when he raced in the third round of the Volkswagen Polo G40 Cup at Castle Combe.



Mrs S. Gillon of Dursley (left) was the February winner of APS/Berk's monthly £1,000 scratch card competition. She is seen here with local representative Ruth Holder. The winners are announced each month in the C&D Price List

He finished in 12th place out of a field of 13 and, while hoping to be more competitive, was reasonable happy with his performance. "I still have a lot to learn," he says.

Before his next race at Donington Park in June he intends to fit a limited slip differential to his car's gear box which will help cornering, and tune up the vehicle's suspension. There are ten races in the series and he must compete in at least six.

Paul, a 39-year-old father of two who runs the St Thomas Pharmacy in Cowick Street, Exeter, prepares his 113 brake horse power Polo himself with help from his brother-in-law.

The weekend, regrettably, did not have a happy ending. The trailer used to transport the racing car was stolen from outside his brother-in-law's house on Monday night.

Scottish executive candidates

There are nine candidates standing for election to the six vacancies in the Executive of the Scottish Department of the Society this year. Voting papers must be returned by June 8.

- Patricia Duncan, community pharmacist from Dundee
- George Duthie, pharmacy proprietor from Glasgow
- David Forbes, community pharmacist from Banchory
 Dr James Johnson, pharmacy
- lecturer at Strathclyde University

 Ian Johnstone, community
 pharmacist from Motherwell
- Edward Mallinson, CAPO, Lanarkshire Health Board
- Sheila Paterson, community pharmacy manager from Aberdeen
- Joseph Richards, clinical pharmacist, Ninewells Hospital
- Alison Strath, pharmacy manager from Edinburgh.

PSNC chair

The newly elected PSNC has to elect a chairman and deputy.

There are two candidates for

the chair next Wednesday — Allen Tweedie and David Sharpe — and two nominations for vice-chairman — Ian Phillips and David Coleman.

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